

Becoming a ‘good mum’:

The experiences of young mothers transitioning to motherhood

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You at that, and I at this handle of the basket.

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¹ Reference: Mead, H., & Grove, N. (2001). *Ngā pēpeha a ngā tīpuna*. Wellington, New Zealand: Victoria. University Press.

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Abstract

Worldwide, teen pregnancy and mothering are typically viewed as a social ‘problem’. Similarly within contemporary Aotearoa New Zealand, teen or young mothering is shrouded within varying social, political and historical discourses, the dominant of which tend to construct young mothers in a negative light. These discourses have the potential to adversely shape the emerging identities of young mothers. In contrast, one social response in Aotearoa New Zealand, aims to support a more positive outcome for young mothers. This is the Teen Parent Unit. Considered a ‘school within a school’, the Teen Parent Unit provides education for teenage students who are either pregnant or are parenting. One of these Teen Parent Units is the context in which this research project, on the lived experience of young mothers, is conducted.

Using a qualitative methodology, this thesis investigates the journeys of six young women enrolled in a Teen Parent Unit as they make the transition to motherhood. Interviews, observations and dialogue groups enabled the exploration of the perceptions and meanings attached to becoming a mother for these young women. Their stories are interpreted using a social constructionist theoretical framework to demonstrate how becoming a mother is a journey of transformation for such young women, whereby their identities are continuously in the making and are often constructed and reconstructed around events and happenings that are important within their lives. Of particular note is the manner in which these young women resist others’ attempts to construct them negatively and, instead, project themselves positively as what they term a ‘good mum’. A conceptual model is used to describe a process of change or transformation towards becoming a young mother and a pūrerehua (butterfly) metaphor is used to help describe the identity development of a group of young mothers.

Glossary

This thesis was conducted in Aotearoa New Zealand and involved conversations with people in two educational settings where Māori culture is integral to all aspects of daily life. In te ao Māori (the Māori world), culture and language cannot be separated. Therefore, to understand the Māori culture it is important to know the language. For this reason, in this thesis, I include the words that were relevant to the context of the two educational settings of this research and here, I provide a glossary to assist the reader.

Ako	A teaching and learning relationship where the teacher is also learning from the child/student in a two-way process. Ako is grounded in the principle of reciprocity and also recognises that children and their family cannot be separated (Ministry of Education, 2013)
Aroha	Love
Aroha atu	Respect
Kotahitanga	Advocates becoming one out of many, where a sense of unity and inclusiveness is created within the classroom and school by recognising everyone's mana (MacFarlane, Glynn, Cavanaugh & Bateman, 2007)
Mana	Identity, pride, dignity, status
Marae	Ceremonial meeting place
Mihimihi	Greeting or speech that serves as an introduction
Manaakitanga	Embodies a type of caring that is reciprocal and unqualified, based on respect and kindness, and a 'duty of care' (MacFarlane et al., 2007)

Māori	Native people of Aotearoa New Zealand
Pākehā	A non-Māori person of European descent
Pūrerehua	Butterfly
Tamariki	Children
Tangata whenua	People of the land', the indigenous people of Aotearoa New Zealand
Taonga	Treasure
Te ao Māori	The Māori world
Tikanga	Custom
Tuakana/teina	<p>An older or more competent and confident tuakana (sibling-like) supports and guides a younger less competent and confident teina (younger sibling-like).</p> <p>Tuakana/teina relationships are supported when students experience an environment where they have opportunities to learn with, and from one another (Ministry of Education, 1996, 2017)</p>
Tūrangawaewae	A place to stand
Wairua	Spirit. Wairua is implanted in the embryo from when it first began to assume form (Pere, 1991).
Whakapapa	Genealogy
Whakataukī	Proverb
Whakawhanaungatanga	The building of relationships (Ritchie & Rau, 2006)
Whānau	Family, including extended family

Whanaungatanga

Relationship

Whāriki

A woven mat

Chapter 1:

Introduction

The purpose of this thesis is to explore the transition to motherhood for a group of young mothers who attended a Teen Parent Unit in Aotearoa New Zealand². Authors who research the transition to motherhood and mother identity (Laney, Hall, Anderson, & Willingham, 2015; Mayes, Llewellyn, & McConnell, 2011; McMahon, 1995; Miller, 2007) acknowledge the difficulty and complexity of this transition. It is noted that young mothers may find such a transition even more challenging due to the extenuating factors or realities of their age, negative portrayal within society at large, access to support and education, and issues of poverty and homelessness (Gibb, Fergusson, Horwood & Boden, 2015; Leese, 2016). Furthermore, Kamp and McSharry (2018) regard the frequent silencing of the young mothers' voices as 'others' as "perhaps the most damaging of all realities" (p. 23). The need to acknowledge the voice of the young mother as she experiences the transition to motherhood is central to this thesis, namely to gain insights into how young mothers come to understand their roles and live their roles as new mothers. Distributing knowledge about what it means to be a new mother at this time is one way to ensure that supports are put into place to meet their needs.

Researching young women's early experiences of motherhood by honouring their voices means that they are able to share experiences of what it is like to be a young mother in a society where young mothering is often shaped by the prevailing negative dominant

² To honour my obligation under the Treaty of Waitangi, I have chosen to refer to New Zealand as Aotearoa New Zealand.

discourses. Using a narrative storytelling approach is one technique for capturing their voices, recognising that young mothers have a unique story to convey.

The title of this thesis includes the term *young mothers*. As a result of doing this thesis, this is the term I prefer to use when referring to those who give birth before the age of nineteen.

However, I acknowledge that different terms have been used over the past forty years.

Therefore, to align with the literature, I will use the term ‘teen mother’ in the first two chapters, and the term ‘young mother’ thereafter. When reporting the findings, I use the term ‘teen mum’ when quoting the young women because this was the language they used when talking with me as I researched their experiences.

This introductory chapter will include discussion of why understanding young/teen mothering matters, the context of the research settings, and reasons why this topic is of interest to me personally and professionally. This chapter concludes with an overview of the dissertation.

The issue: Teen mothering matters

Teen pregnancy and parenting is a well-researched subject. It has typically been understood from a deficit perspective and identified as a social problem throughout history. In contemporary Aotearoa New Zealand society, teen pregnancy and parenting is still acknowledged as a social problem. The tendency to attach ‘problem’ to the topic of teen pregnancy and parenting reinforces negative stereotypes and images of young parenthood-led families (Williamson-Garner, 2015). This deficit lens has dominated research studies by highlighting the risk factors of sexual relationships and pregnancy, and the negative outcomes for the teen mother, her child, and the wider society. While young fathers are often included in these research studies, the focus of this study is limited to the parents who were enrolled in

the Teen Parent Unit. The experiences of young fathers, therefore, have been omitted because it is the mothers who were enrolled in the Teen Parent Unit.

Public perception of teen mothers as a societal concern has scarcely changed in the past four decades, despite the emergence of a more liberal view of teen mothers (Arai, 2009; Fonseca, 2007; Hindin-Miller, 2012; Kamp & McSharry, 2018; SmithBattle, 2013, 2018). As a result, teen mothers continue to face particular challenges related to the way they are constructed negatively. This in turn impacts on their transition and experience of ‘becoming a mother’ as they attempt to resist the stigma that is applied to them (Ellis-Sloan, 2014; Leese, 2016; Wilson & Huntington, 2005; Yardley, 2008).

There is also a recognition that characterisation of teen pregnancy and parenting changes according to different social and political views in history (Pillow, 2004). Such characterisations have the potential to influence social policies that, in turn, influence the lived experiences of teen mothers.

The World Health Organization (WHO) (2004), for example, uses the term adolescence to define what others regard as teen pregnancy as:

pregnancy in a woman aged 10–19 years. In most statistics, the age of the woman is defined as her age at the time the baby is born. Because a considerable difference exists between a 12 or 13-year-old girl and a young woman of 19, authors sometimes distinguish between adolescents aged 15–19 years, and younger adolescents aged 10–14 years (p. 5).

This acknowledgement of the uniqueness and importance of adolescence encourages consideration in health policy and programmes, and the importance of wellbeing policies and programmes required to support adolescents as pregnant and parenting teens. This recognition and support has begun to appear internationally and within Aotearoa New Zealand through government initiatives, policies and programmes aimed at ameliorating the

negative impacts of inadequate economic, health, and social resources, for teen parents (Cherrington & Breheny, 2005; Lister, 2003; Secura et al., 2014; SmithBattle, 2006, 2007a, 2013) (see Literature Review pp. 26-28). A specific example in Aotearoa New Zealand is a report by the Social Services Committee that identified teen parents as being likely to:

have a disruption to their education, reduced earning potential, be emotionally unprepared for parenting, face judgement, lack supportive networks (including the support of a partner), and come from low-income families with a history of family dysfunction or low expectations for the future (Seo, 2016, p. 2).

The Committee noted that these factors contribute to, and create significant challenges for the teen parents, as well as their children.

Staying with the term adolescence, the transition from adolescence to adulthood is often regarded as a challenging time for most individuals. Letourneau, Stewart, and Barnfather (2004) argue that an individual navigating the transition as a pregnant or parenting teen has an increased likelihood of additional developmental, educational, emotional and social challenges. These challenges place teen mothers at risk of leaving school because their nurturing role makes them unable to work and therefore more likely to require government assistance. Meeting the needs of pregnant and mothering teens as they transition to motherhood can be challenging for the young mothers, their family and those that provide services. When a strengths-based focus is adopted to provide the required support it can address the changing and unique needs of the adolescent facing early motherhood. McDonell, Limber, and Connor-Godbey (2007), for example, suggest that offering strength-based approaches that envelop the socio-cultural/ecological perspective to young mothers can have a positive effect on the way in which they negotiate their life circumstances and subsequently result in positive outcomes for both themselves and their children.

My interest in this topic stems from a personal desire to work with, rather than on, young women transitioning into motherhood. In working out how to approach this task, I have had to wrestle with an internal dialogue of a dominant negative discourse, for example, ‘they need things and if they are provided with these, then they will be better mothers’. My intention at the outset was to counter such negative discourse by listening to and interrogating the voices of teen mothers and revealing what they deem as helpful for their growing confidence as mothers shaping new identities.

My study provides a strengths-based perspective to the phenomenon of young motherhood. Through listening to the voices of the teen mothers who are attending one Teen Parent Unit in Aotearoa, my aim is to provide insights that will deepen understandings of how complex the adjustments to motherhood are for these young women including their aspirations of motherhood and what that transition to motherhood means in practice.

In addition I hope that making space for teen mothers to provide accounts of their lived experiences of becoming a teen mother is one way to inform society and policymakers of the support that is needed and what is valued. Findings of this thesis comprise what the teen mothers talked about, this included not only what support they found helpful, but also their resistance to social stigma, and ways they have coped with homelessness and poverty. The latter highlight issues of social justice that impact the lives of young mothers and that need to be recognised and addressed in our society. Broussard, Joseph, and Thompson (2012) argue that hearing participants’ stories can fulfil important values that are associated with “social justice, dignity, worth and competence” (p. 191).

I now turn to discuss the rationale for my thesis.

The rationale for the thesis

In Aotearoa New Zealand, (beginning in the mid-1990s), major shifts and several reforms in national social welfare policies brought changes related to policies for teenage pregnancy and parenting (see Literature Review, pp. 26-28). One educational initiative in particular, the Teen Parent Unit provides a context for my research project. A Teen Parent Unit is considered a ‘school within a school’, which provides education for pregnant or parenting teenage students. With an aim for social justice, the inception of these units was a ‘call to action’ by the pioneer of New Zealand’s first school for pregnant and parenting teens, Susan Baragwanath (Baragwanath, 1997) with the support of the Association of Teen Parent Educators of New Zealand (ATPENZ) in recognition that these teenagers were at risk of educational underachievement. In 2004, the Ministry of Education acknowledged its fiscal and legislative responsibilities for these alternative education units/schools. This state-of-the-art response, underpinned by the notion that education is a vehicle for social justice, “placed New Zealand in the forefront of educational advantages to meet the needs of teen parents and their children” (Hindin-Miller, 2012, p. 47). A study by Vaithianathan, Maloney, Wilson, Staneva, and Jiang (2017) examined the impact of New Zealand’s Teen Parent Units on educational outcomes. Their findings strengthened both the national and international “evidence-base on specialised school-based services for teenage parents” (p. 14). Furthermore, their findings showed that access to a Teen Parent Unit increased school enrolment rates and school qualifications for teen mothers aged under 19.

An important component of all Teen Parent Units is that an early childhood education (ECE) service is in close proximity. This is to ensure that the children of the students who attend the Teen Parent Unit are able to receive quality ECE and care while their parents are studying. In 2010, it was brought to my attention that a new purpose-built early childhood education

centre would be opened as part of a Teen Parent Unit. The philosophy of the ECE centre would be based on the Resources for Infant Educators (RIE)/Pikler approach of childcare and education that promotes a primary caregiving relationship between the child and teacher (Christie, 2011; Gerber, 1984). Given that I had training in the RIE approach, I considered that this might provide an opportunity for me to conduct research on the topic of teen mothers as they transitioned to motherhood within the context of an educational setting.

The importance of this thesis for my personal and professional development

While the prime focus of this thesis is the teen mothers who gave of their time to talk with me about their experiences of motherhood, I consider it important to discuss my reason for undertaking doctoral study, and the extent to which critical incidents in my life have influenced my thesis choice. This provides a reader with some idea of the lens through which I collected and interpreted data and the conclusions I reached. I will begin by explaining how the influences of my family of origin attracted me to issues of social justice.

Family of origin

I was born into a family that for generations had not only advocated for the rights of the marginalised or oppressed members of society but also, at times, were among the oppressed themselves. As a child, I remember stories narrated by my maternal grandfather of when he first emigrated from Ireland to America in the early 1920s. He spoke of signs posted in shop windows in and around the Boston area: Irish Need Not Apply. Furthermore, my Irish grandmother told a poignant story of her cousin who, as a young novice (nun) during World War 2, was sent to a convent in northern France where she and other members of the parish risked their lives hiding Jewish children during the German occupation. As a very young girl

these stories left an impression so strong that as an adult I sought out opportunities whereby I could, like my ancestors before me, choose to act for humanity and hopefully make a difference. Within this life purpose, a series of critical incidents in my life have acted as turning points that I consider have had a profound effect on my academic, career and personal life.

Academic ‘critical incidents’

In the late 1980s, I was pursuing a Masters of Arts degree in Child Development specialising in Infant and Toddler Behaviour and Development. It was during this time that I met Magda Gerber, renowned infant specialist and co-founder of the Resources for Infant Educators, (RIE). The RIE approach, or philosophy, is based on the premise that the adult and child are equal members in a relationship. The values of trust and respect underpin this reciprocal relationship (Gerber, 1984). One of the important features of the RIE approach is the special attention that is afforded through a primary caregiving relationship (Gerber, 2003). As a student at Pacific Oaks College in Pasadena, California I enrolled in a course, Preventive Intervention for Infants and the Very Young, which was taught by Gerber. The content of this course focused on mother–infant bonding, attachment and maternal–infant mental health.

During an internship at Children’s Institute International, a residential emergency shelter care facility for infants and toddlers, I facilitated a programme for mothers who were in the process of reunification with their infants and toddlers who had been removed from their care. Many of the young women in this programme were teen mothers, or they had had their first child during their teen years. This experience had a profound effect on my life’s path.

Through my work with Magda Gerber, I learned about the power of the human spirit and the resilience that some people possessed when coping with adversity. I learned about the

importance of humanity and the value of each person, and treating an individual with dignity and respect – no matter their age or their circumstances. These women had their own stories that I believed were untold. I learned about the concept of social justice or, more accurately, I witnessed social injustice. I was introduced to the writings of Paulo Freire (1970) who wrote about the injustice of oppression and the notion of transformation through education. I wanted to make a difference. I questioned myself and others, asking, “What did us, as a collective society, need to know to make a difference that was meaningful to these women and many young women, with whom I had the privilege of working, who had similar, but unique stories?”

Two personal ‘critical incidents’

Continuing this desire to make a difference, my husband and I adopted a child from the Foster/Adopt programme in the United States (US). Rosa was the birth daughter of a teen mother, who had her parental rights terminated while Rosa was in foster care. When Rosa’s adoption was finalised in March 2004, my husband and I and our three children emigrated to Aotearoa New Zealand.

In 2009, I accepted a continuing position with the University of Canterbury as a lecturer in early childhood education and with this appointment came the opportunity to pursue a Ph.D. This critical incident offered me the opportunity to conduct research on the topic that had always been of interest – the first relationship - the relationship between a child and their primary caregiver, which in most cases, is the mother. I began with an idea that it would be useful to collect young women’s experiences of being teen mothers in a context that was influenced by the primary caregiving relationship. I appreciated that before I could explore the relationships between primary caregivers (teacher) and their child, I first needed to shift my intention to the teen mothers themselves. I realised that I needed to hear their stories

about what was important to them, rather than what the ‘do-gooders’, or those in positions of power, deemed necessary and appropriate to the lives of pregnant and parenting teens. This realisation was the turning point in my approach to research and it allowed me to reconceptualise the key areas for study.

The following research questions frame my study:

1. How do young women who attend a Teen Parent Unit in Aotearoa New Zealand say others experience them as young mothers?
2. What do young women attending a Teen Parent Unit deem as helpful supports?
3. How do young women who attend a Teen Parent Unit in Aotearoa New Zealand say they experience themselves as young mothers?

In the spirit of social justice, the intention of my thesis is to address these research questions by giving voice to the young mothers’ experiences that align with humanitarian values related to competence, self-worth, and self-efficacy towards becoming ‘good mums’. What follows is a thesis that privileges the experiences of these young women as a starting point for knowing how to respond to their emerging needs.

Organisation of the dissertation

My thesis is presented in nine chapters. In this chapter, I have introduced the topic of the study, a rationale for the thesis, and its importance to me professionally and personally.

Chapter 2 provides a review of the scholarly and relevant literature pertinent to the context of this study. It situates my study within the collected works of discourse, the construction of

teenage motherhood, the need for support, concepts of identity and transition as discourses, motherhood identity and the conception of the ‘good mother’.

Chapter 3 is devoted to the methodology used to guide this research project. It outlines the purpose and rationale for my theoretical framework and the use of a qualitative approach. I begin with a discussion of the main theoretical and methodological approach adopted for this thesis – social constructionism. I then explain the techniques supporting a narrative approach. I include an explanation of a thematic approach to data analysis along with a justification for using some analytic properties of grounded theory.

Chapter 4 presents the design of my study. Here I explain the research design and settings, the selection of participants, data collection methods and data analysis. The chapter includes a discussion of ethical considerations, trustworthiness, and researcher positionality. It concludes with the introduction of the participants.

Chapters 5, 6 and 7 present the findings that emerged from the data of this study. The findings are associated with three main areas or themes of the study: becoming a young mother, the Teen Parent Unit, and the journey of self and the process of change. Within each main theme, several subthemes are presented to describe nuances that emerged from the analysis of the interviews with the young mothers.

Chapter 8 discusses the implications of the findings of the study. It explores the findings of the study along three dimensions: the contribution of the findings to the understanding of the research questions, the support the findings offer to the existing literature, and the gaps in the existing literature that are made visible through the discussion of the findings. This chapter concludes with recommendations for future research.

Chapter 9 is the conclusion of my research. It includes a reflection of key themes and insights gained from this research project. Three reflective affirmations and/or inquiring questions in the form of a metaphor are offered in response to the process of change involved with becoming a mother. I suggest that such as metaphor may allow people to gain a positive image of these young women; one that stands in contrast to many of the negative discourses that they face daily. This chapter ends with the recommendations for social response.

Chapter 2:

Review of the Literature

This thesis focuses on a particular period in the lives of a group of young women, namely, teenagers experiencing the transition to motherhood attending a Teen Parent Unit in Aotearoa New Zealand. While, for clarity, I have grouped the literature that is relevant to teen pregnancy and motherhood into four broad themes, in reality, they are all interrelated. The *first theme* is recognition of society's views about teen mothers and their pregnancies to show the multi-layering of prominent discourses in the literature. While most of these discourses are considered negative, and therefore limit the outcomes for teen mothers, some provide the impetus for alternative, more positive outcomes for the teen mothers. The *second theme* focuses on the people around whom my thesis is drawn, namely teen mothers, and demonstrates the complexity of positive/negative discourse in the form of their need for support. The *third theme* is about the (dis)course of transition and their transition to motherhood. The *fourth theme* explores the concept that is of central importance to teen mothers, that of a 'good mother'.

Society's view of teen pregnancy and teen mothers

While the review of relevant literature explores research on this transition, it begins with a discussion about the ways in which language may be used to communicate how mothers who are teens are viewed. For some, the definition of teen mother focuses on the age of adolescence. Wilson and Huntington (2005), for example note that:

Although the teenage years cover a wide age range, the term teenage (or adolescent) mother is used loosely in the media, and in governmental and scientific reports. In relation to teenage motherhood, there is a tendency not to distinguish older from younger, married from unmarried, and self-supporting from welfare-dependent teen

mothers. As a result, the term ‘teenage motherhood’ is generally understood to encompass all teenage mothers, regardless of age and marital and economic status, whether this is the intention or not, and the implication is that there are identical outcomes (p. 60).

While this idea that adolescence is the defining attribute has some merit, the comment that economic and marital status are sometimes disregarded when reports are written about teen mothers is possibly misleading. In this literature review, I present evidence that many reports, and government policies, have been written with the view that characteristics other than just adolescence are important when describing teen mothers. I argue that, while the adolescent characteristic of teen mothers is generally not disputed, it is society’s view of pregnant teens and teen mothers that shapes how people regard them. I also believe that this view is largely negative, and its impact is a deterrent to teen mothers learning to cope with their new status. I argue that how language is used to talk about teen mothers is a key to understanding the variety of responses to their position. I, therefore, begin this chapter with a discussion of discourses in order to highlight how the choice of language used to describe them influences all aspects of the lives of teen mothers.

In the literature, many researchers explain this kind of language in terms of discourses by which most refer to the work of Foucault (1972) who has described discourses as a “group of statements or practices that systematically form the objects of which they speak” (p. 49). Researchers are, therefore, interested in what are termed dominant discourses by which they mean those that are both the most visible and readily accepted by society. Such dominant discourses appear to have the most authority and become the prevailing discourses that can shape identities, reinforce attitudes, and generally construct and influence the ways individuals view the world.

Commentary about Foucault's position on discourses includes that of Mills (2004), who states: "Foucault is not interested in which discourse is a true or accurate representation of the *real* [emphasis added], but, in regard to the truth, Foucault is concerned about how the choice of truth was made" (p. 17). In other words, using discourse as a focus of examination is not attempting to seek whether or not it is a true representation, but, rather, to understand the influences that created this as a dominant discourse, and/or to understand the ways in which it shapes identities.

A key point to note is that there is no single way of discussing a subject, as the discourses surrounding it are influenced by societal, political and economic impacts and are constantly changing. This is why I have referred to discourses in the plural. In the case of teen pregnancy, Holgate, Evans, and Yuen (2006) argue that successive governments and all forms of the media play significant roles in how discourses surrounding teen pregnancy are constructed and shaped. Cherrington and Breheny (2005) hold a similar view, adding that discourses which take a negative reaction to pregnant and parenting teens become "powerful, constraining and difficult to resist" (p. 90). These discourses, or sets of interconnected ideas that are held together by a particular ideology (Smith, 2013), however, are not static; they are open to change. Thus we find that as society's view of the world has changed, so, too, has its view of teen mothers. Nevertheless, I argue, that such changes are not straightforward as it appears the dominant, negative discourse of teen mothers still underpins some new policies and interventions for these mothers.

In introducing the first theme, I endeavour to show how important it is to understand the influence that particular discourses have on governmental policies, societal initiatives and individual perceptions of a topic, in this case, teen motherhood.

The dominant construction of teen pregnancy and mothering as a ‘problem’ has been consistently demonstrated through a range of author sources (Bonell, 2004; Stier, Leventhal, Berg, Johnson & Mezger, 1993; Woodward, Horwood, & Fergusson, 2001). Examples include the terms used by former United States of America’s President Clinton in the 1995 State of the Union address when he proclaimed teen pregnancy was the most serious social problem in the United States (US). His concern stemmed from the ‘plight’ of teen mothers and their children as well as the negative implications for society as a whole. Indeed across the Western world, teen pregnancy has been viewed negatively and has often been the topic of heated debate and a cause of concern for society (Breheny & Stephens, 2008; 2010; Kelly, 2000; Ministry of Social Development, 2008; Schultz, 2001). Kamp and McSharry (2018) agree and argue that teen parenting has come to be “invested with symbolic power” through the assembly of “dominant (deficit) discourses” (p. 16), such as stereotypic thinking, economic debates and public concerns for child welfare.

Studies over the past four decades have described the ‘predicament’ of teen mothers as being ‘at risk’. This ‘risk’ is variously interpreted as being associated with subsequent pregnancies, depression, educational underachievement, poor parenting abilities, and furthermore, risks to their children’s development (Brooks-Gunn & Furstenberg, 1986; Chohan & Langa, 2011; Geronimus, 2003; Jaffee, Caspi, Moffitt, Belsky, & Silva, 2001; Reid & Meadows-Oliver, 2007; Pogarsky, Thornberry & Lizotte, 2006; Woodward et al., 2001). Researchers have highlighted that this predicament is often exacerbated when teen mothers are experiencing socioeconomic disadvantages (Boden, Fergusson, & Horwood, 2008; Breheny & Stephens, 2010; Lessa, 2006; Seo, 2016; World Health Organization, 2007). Kelly (2000) believes that such negative images of teen mothers have also been grossly “refracted through lenses of gender, sexuality, class and race” (p. 42). In other words, disadvantages associated with one’s class, race or genders are also attributed to teen mothers.

Fonseca (2007), in her attempt to explain the multiplicity of societal discourses that shape the experiences of teen mothers, has endorsed Kelly's explanation maintaining that "although several discourses exist simultaneously, all discourses are not equal; some gain hegemony, while others are marginalised" (p. 174). Teen mothers represent one of the most marginalised and stigmatised groups of single mothers (Lessa, 2006). This view is supported by others (Shea, Bryant, Wendt, 2016; SmithBattle, 2013; Wilson & Huntington, 2005; Yardley, 2008) and is attributed to the "changing social and political constraints regarding the roles and responsibilities of women in Western society" (Wilson & Huntington, 2005, p. 59). A negative discourse about teen pregnancy is far from new; on the contrary, an extensive review of the literature reveals a long history of concerns. SmithBattle (2018) argues that teen mothering was identified as a social and public health problem in the US beginning in the late 1970s.

Studies throughout the last four decades in a range of countries offer confirmatory evidence that these concerns are continuing. Below I include evidence of studies in the United States, the United Kingdom (UK) and Aotearoa New Zealand to illustrate this ongoing concern about the 'plight' of teen mothers. Such studies highlight discourses in which teen mothers are strongly positioned in negative terms. These include positioning teen pregnancy as 'an epidemic'; an avoidable and unnecessary cost to society; a form of 'infantalisation' and even 'contamination'. While it is important to acknowledge these discourses exist simultaneously and are therefore not separate, they will be discussed separately for clarity.

The so called 'epidemic' of teenage pregnancy

An example of negative positioning is a report published in 1976, by the Guttmacher Institute, entitled, *Eleven Million Teenagers: What can be done about the Epidemic of Adolescent Pregnancies in the United States?* This report was instrumental in providing the

media, policymakers and the general public with misleading information, promoting the belief that there was an epidemic of teen pregnancies in the US during the 1970s. Fonda, Eni, and Guimond (2013) argue that it was statements, such as those in the Guttmacher report, which led to the “dramatic change in social understandings” (p. 1) that teen pregnancy was out of control. This prompted research, reports, and social assertions that further supported this view.

A further account of adolescent pregnancy is found in the US is Vinovskis’ (1988) publication, *An "Epidemic" of Adolescent Pregnancy*. She argued that teen pregnancy and parenting were only considered a serious problem during the second half of the twentieth century, which coincided with a focus on adolescence. Furthermore, Wilson and Huntington (2005) described an impression that there was an epidemic of teen pregnancy which coincided with the 20th century increase in social freedom of adolescents. They note that, paradoxically, this concern about an epidemic occurred at a time when the rate of teen births in Western countries was declining (Ventura, Hamilton, & Matthews, 2014). It appears that the epidemic idea persisted in light of an increase in the rate of ex-nuptial births, which may or may not have been to teen mothers (Wilson & Huntington, 2005). Regardless, this ‘epidemic’ resulted in advocacy groups, policymakers and researchers responding “with alarm to the rise in ‘unwed’ teen pregnancies and births” (SmithBattle, 2018, p. 77).

In the early 1980s, the UK was also facing its own ‘crisis’ concerning teen pregnancy and the Conservative government implemented strategies and measures to combat the high rate of teen pregnancies. These strategies, which were generally considered to be punitive towards teen mothers, did not, however, have the government’s desired effect of curbing the rising rate of pregnancy among this age group (Daguerre & Nativel, 2006).

A similar discourse of an epidemic of teen pregnancies occurred in Aotearoa New Zealand. In response to the findings of a report on “juvenile delinquency” government legislation was enacted to address society’s concern about teenage promiscuity, and provide firmer censorship on contraceptive information available to young people (Mazengarb, 1954). It is interesting to note, that in spite of the public outcry it caused the Mazengarb Report, and other government inquiries that followed in the 1960s and 1980s, had no apparent impact on the behaviour of young people (Mazengarb, 2017). And the epidemic discourse has persisted with a 2015 report prepared for the Families Commission by the National Institute of Demographic and Economic Analysis (University of Waikato, 2015), highlighting ‘concerns’ about the rise of teenage pregnancy. The teen birth rate in Aotearoa New Zealand was described as one of the highest rates reported by Organization of Economic Co-operation and Development (OECD) (StatsNZ, 2003; University of Waikato, 2015).

This epidemic discourse also has the potential to marginalise specific groups. In 2003, for example, Statistics New Zealand noted that high fertility rates were reported for Māori and Pasifika teenagers (StatsNZ, 2003). Moreover, the Ministry of Social Development (2008) reported that Māori teens were more likely to become pregnant at an earlier age than non-Māori teens and that the pregnancy rate for this group was nearly four times higher compared to their non-Māori peers. These findings are supported by those of Marie, Fergusson and Boden (2011), who report young women, who identified as solely of Māori ethnicity, were over seven times more likely than their non-Māori peers to become pregnant and begin parenting before the age of 20. Furthermore, the Ministry of Social Development (2008) reports that young Pasifika women in Aotearoa New Zealand are more likely to have a child in their teen years compared to other ethnic groups.

Since the middle of the last century, the public and dominant discourses have made assumptions about the ‘plight’ of teen mothers and their children based largely on quantitative data with a health and/or socioeconomic perspective (Berthoud, Ermisch, Francesconi, Pevalin, & Robson, 2004; Geronimus, 2003; Gibb, Fergusson, Horwood, & Boden, 2015; Hotz, McElroy, & Saunders, 2005; Pogarsky et al., 2006). One of the consequences of considering teenage pregnancy as an epidemic is that it focuses on the high teen birth rate in society and shapes society’s view about how to combat teen pregnancy, but fails to take cognisance of the views of teen mothers. Researchers (Breheny & Stephens, 2007a; Daguerre & Nativel, 2006) argue that unless there is an improved understanding of the needs of the young women within the contexts of their individual lives (economically, culturally, psychologically and socially), there can be no useful understanding of teen motherhood, and the basis for its prevention is futile.

My thesis sought to take cognisance of the views of teen mothers and explore their understanding of teen motherhood, not with the aim of preventing an increase in teen pregnancies, but rather, with an aim to give voice to their lived experiences.

The ‘economic’ cost to society discourse

Using the definition provided by Breheny and Stephens (2010), economic discourse “draws upon the language of finance to construct teen motherhood as a cost to society and to the mothers themselves, and determines value of individuals to the wider society in strictly economic terms” (p. 311). For governments that have developed initiatives and policies to ameliorate the social, emotional, and fiscal costs associated with teen pregnancy, an economic discourse is used to justify the political interest in teen pregnancy and parenting (Breheny & Stephens; Farber 2014; MacLeod, 2001).

For most government agencies that fund initiatives for teen parents and organisations, the cost of public spending on teen childbearing is considered to be excessive. This group, (namely teen mothers), is often viewed as a drain on society. In recent years, a number of countries have been reporting the massive cost of teen pregnancy to the economy. For example, in the US, the annual total cost exceeds \$9 billion, while Australia has “estimated the cost of at least \$100 million a year” (Breheny & Stephens, p. 311). Breheny and Stephens (2010), draw attention to the influence of this negative discourse when they comment that while low-income earners and non-working parents receive financial support towards their medical care, and social service, they are neither treated, nor constructed, as being the same economic burden that teen mothers are.

In a study conducted by Hotz, McElroy and Sanders (1997), similar concerns about the financial ‘cost on society’ were expressed, linking the potential for teen mothers to suffer economic disadvantage and consequent reliance on social welfare. Their study concluded that there was a strong “statistical association between the age at which a woman has her first child and her later socio-economic well-being” (p. 56). Similarly, Gibb et al. (2015) used data from a longitudinal study to examine the association between early motherhood and economic outcomes. They revealed that research participants, who became mothers before their 20th birthday, suffered economic disadvantages that were still evident 10 years after they had become mothers.

This introduces the added concern that while teen pregnancies may present a financial cost to society, there is the possible consequence of teen mothers living under the poverty line being a burden to themselves and their young children. Phoenix (1991) argued that when mothers lived in poverty with their children, it was the poverty that essentially affected their way of life. She elaborated, “young mothers living in poverty are simultaneously dependent and

responsible. Having a child gives a women responsibility for protecting a vulnerable person, but increases her dependence on others to help with childcare, and often to provide her with money” (Phoenix, 1991, p. 4). Gibb et al. (2015) reported similar findings where some of the women in their study reported not having enough money for their everyday needs and De Jonge (2001) reported that the young women in her study found it hard to cope financially. She argued that the women “did not expect to live a luxurious life on benefits, but would just like to make ends meet” (p. 54), and suggested that a minimum standard of living payment should be seriously considered and agreed upon.

These findings support those of Douglas and Viles (2017) who researched the social issue of housing insecurity and homelessness for young people in one city in Aotearoa New Zealand. Participants in their study who were young parents reported they were struggling financially. They also reported that they faced stereotypes and multiple forms of discrimination. One young mother recounted her experiences of looking for housing, “Searched housing but was declined because of my age—Straight up NO because I was a young mum and ‘must have guys around, must do drugs because I’m Māori” (p. 22). Broussard et al. (2012) in their research on single mothers living in poverty also reported discrimination and stigma which heightened their stress. As one mother reported, “They view the poor [as] low life, they think they’re always looking for a handout, they think they’re not....doing everything they can to get out of poverty” (p. 196). This finding resonates with Jo (2013) who proposed that people living in poverty often experience disrespect, humiliation, shame and stigma as part of their deprivation. Furthermore, in her research of the psycho-social dimensions of poverty, particularly the emotion of shame, she argues that the “psychological well-being of a person in poverty is as important as the traditional emphasis on material deprivation, if not more so” (p. 515). Watson and Cuervo (2017) employ a social justice lens to examine the relational aspects of young homelessness woman living in Australia. They argue that using a social

justice lens approach that focuses only on the provision of material support without considering the significance of the other factors of homelessness maintains oppression.

And, finally, Boston (2014) confirmed that children living under such conditions in poor families:

face a much greater likelihood of going without meals; have a higher chance of not seeing a doctor when ill, but are also at greater risk of illness. They are also more likely to live in an overcrowded, poorly insulated and inadequately heated home; and are at greater risk of mental health issues (p. 972).

This literature highlights that the economic discourse around teen mothers contributes to the view that they are a burden on (cost to) society and that their living conditions will contribute to poor outcomes for themselves and their children. Such a view influences the ways in which teen mothers are valued (or not) in society and the ways in which government policies to address ‘the problem of teen pregnancy’ are accepted, or not, by society. Luker (1996) contends that it is how teen pregnancy is promulgated to the wider community that is directly related to the economic, cultural, political, and social contexts within which it is positioned. Since policy makers do not have an accurate picture of the lived experiences of teen mothers, government policies may only address the perceived needs of society and not address the needs of teen mothers. Again, I regard this as a rationale for exploring the lived experiences of teen mothers.

The ‘infantalisation’, kids having kids discourse

Drawing on Lessa’s (2006) argument that teen mothers have been “constituted as a particularly acute social problem and have been denigrated and moralised through various social stereotypes” (p. 287), I will now demonstrate that some discourses are particularly demeaning of those who have become teen mothers.

The discourse of ‘infantalisation’ was first mentioned in the literature by Clark (1994), who explained how this discourse has been used to portray teenagers as children by using phrases, such as “immature response” or “childish reaction” (p. 33). This discourse has been used to depict teen mothers as children, by viewing them as having similar attributes, i.e., being dependent on adults for basic needs, lacking the ability for informed decision making, and not ready for the demands of childbirth and parenting. The phrase ‘kids having kids’ was introduced by a publication of the same name (Maynard, 1997) and was then used by policymakers, government officials and the general public to construct the idea that adolescents were biologically too young and immature for pregnancy and childbirth. This, in turn, supported the contention that they are unfit to be parents. Daguerre and Nativel (2006) suggest that children having children is more of a smokescreen “for moral concern about unwed women and single mothers who are sexually active – not adolescent mothers” (p. 23).

Fonseca (2007) analysed discourses within the context of school-linked integrated services for teen mothers and found that the discourse of infantilisation carries implications of irresponsible mothering. She provided an anecdote of Bianca, a teen mother whose baby was crying which was viewed as a sign of inept mothering despite the fact that elsewhere, she was “performing the expected responsible task of breastfeeding, a fact that went unnoticed” (p. 192). Similar findings were found by Vincent and Thomson (2013), in England, who examined how young women reacted to the prevailing discourses about being a teen mother and what impact it had on their daily lives. Their findings revealed that motherhood for teen mothers was experienced as problematic because of the stigma they experienced. Their research supports that of Fonseca that the stigmatising effect of the infantilisation discourse still prevails. Furthermore, both researchers note that this may interfere with the developing identities of teen mothers.

The ‘contamination’ discourse

Teen motherhood as a “contamination” (Pillow, 2004, p. 61) appeared in the literature as early as the middle of the last century. In the US, Canada, Great Britain, South Africa and Aotearoa New Zealand, public health discourse of pathology has been used to frame the need for health, social and educational policies concerning pregnant and mothering teens (Arai, 2009; Breheny & Stephens, 2007b, 2010; Lister, 2003; MacLeod, 2001; Nash, 2001; Pillow, 2004; Wong, 1997). Public health literature on teen pregnancy and motherhood uses terms, such as “prevalence, incidence and aetiology”, (Breheny & Stephens, p. 310) which perpetuate the construction of teen pregnancy as a disease or contamination (Breheny & Stephens; Pillow, 2003, 2004; Vinovskis, 1988; Wong, 1997).

Vinovskis (2003) describes how, in the US, pregnant teens in the 1950–60s were often coerced into leaving school by administrators who were worried that their attendance would adversely affect their classmates. Pillow (2004) describes the “theme of contamination” (p. 61) where the mere presence of a pregnant or parenting teen will contaminate the student body. This contamination discourse characterises pregnancy as an illness, and the female as the emitter of the ‘disease’. This discourse was often employed by school systems to rationalise decisions to separate young pregnant teens and/or teen mothers from the regular student body (Hunter, 2007; Daguerre & Nativel; 2006). An example is provided in Aotearoa New Zealand, where Baragwanath (1997) reported that a young student was expelled from school because she was pregnant and under the age of 16. The girl’s parents were told that she was setting a poor example for other students.

While the above literature highlights how negative discourses of teen pregnancy may have had constraining influences on the lives of teen mothers, there is potential for discourses to offer alternative influences on their lives, thereby signalling more positivity.

The shift to a positive view and policies of teen mothers

As noted earlier, government-funded initiatives in the US, UK and Aotearoa New Zealand were initially implemented to reduce the rate of teen pregnancy. However, over the last two decades there has been a shift in focus to provide support to teen mothers. Middleton (2011) argued that public policy emphasis should be on providing support for teen mothers as they assume their parenting role and was supportive of initiatives advocating for the rights of pregnant and parenting teens and their children.

In the UK the 1997 New Labour government's concerns about social exclusion and inequalities in access to health prompted a radical shift in how teen pregnancy was viewed. A more humanistic, holistic approach to the wellbeing of teen mothers and their children was taken and the Teenage Pregnancy Unit was formed to improve anti-poverty and sex health policies (Daguerre & Nativel, 2006). At the heart of New Labour policies in the UK was the theory that a reduction in teen birth rates would help the government focus on their main concerns to reduce poverty and play a key role in the fight against social exclusion (Frances, 2011; Lister, 2003).

In Aotearoa New Zealand, during the 1990s, because of the underlying social politics of the time, there was also the need to address the concern of teen pregnancy and parenting differently – without the sole purpose of reducing teen pregnancy. The Ministry of Youth Affairs was established in 1988 and, in 2003, was restructured and renamed the Ministry of Youth Development with the stated purpose to put children at the heart of government policy.

Advocates for the rights of children were able to take the opportunity presented by this government entity to promote positive initiatives. Susan Baragwanath, (referred to in chapter 1) an advocate for the education rights of pregnant and parenting teens, sought the

implementation of an educational option for young women that also addressed the need for childcare (Baragwanath, 1997). As first discussed, she argued that pregnant teens were entitled to free education (Education Act, 1989). Thus an off-site, school-within-a-school for teen parents and their children was established. Its aim was, and is, to provide a constructive environment that enables positive futures for pregnant and parenting teens and their children.

Elizabeth and Larner (2009) explain that the government's intent to invest in the children of Aotearoa New Zealand ensures the future wellbeing of our communities and families. This sentiment is strongly voiced in the report, *New Zealand's Agenda for Children*, published by the Ministry of Youth Affairs (2002), which included ten principles to guide the development of government practice. The second principle focuses specifically on children:

Government policies and services will support families and whānau to meet children's needs and will recognise that children need to be seen in the context of their family and/or whānau. Children's wellbeing depends on the wellbeing of the family and whānau (Elizabeth & Larner, 2009, p. 147).

This report aligns with some research that uses cultural norms to offer a more positive discourse. An example is that of a te ao Māori (the Māori world) perspective, where the family is of the utmost importance and embodies all things Māori (Pihama, 2011). Teen pregnancy may therefore reflect the importance of family connections and the continuation of whakapapa, the lineage of whānau and hence the continuation of hapū and iwi. Pihama notes:

not only is the creation of the next generation essential, but the links the new generation makes [sic] with other whānau, hapū and iwi are also important. Whakapapa is maintained and preserved in the process. It is the whakapapa that makes Māori identity unique (p. 3).

This cultural value is similar to that of other indigenous peoples elsewhere in the world. Eni and Phillips-Beck (2013), in their study of the perspectives of teen pregnancy and parenting of Manitoba First Nation women, found that pregnancy, motherhood and parenthood were

valued and seen as honourable and that the “sanctity of the child was deeply rooted in both cultural and spiritual beliefs” (p. 17).

Having reviewed the shift of government initiatives that offer approaches to better serve teen mothers and their children, I now highlight how reversing negative discourses matters because it allows the focus to shift from the stigma of becoming a teen mother to ways to support them.

Reverse discourses: Strengths and strategies of teen mothers

Juxtapositioning the negative and positive discourses reveals that historically the negative discourses come from government policies, whereas some positive discourses come from research about teen mothers, many of which include the voices of teen mothers themselves. An example of reversing the negative into a positive is the study by McDermott and Graham (2005), on resilient mothering practices of young mothers in Britain. That study and others (Furstenberg, 2003, 2010; Oxford, Lee & Lohr, 2010; SmithBattle, 2000, 2006, 2007b, 2013) offer ways of demonstrating that through support, teen mothers are able to reverse what appear to be negative circumstances and move forward as young mothers.

Indeed an increasing number of studies have found that teen mothers often display the strength to overcome earlier loss, trauma and various forms of estrangement in their family and the community with the anticipation of entering into a new relationship – with their child (Hindin-Miller, 2012; SmithBattle, 2000, 2006; Thursby, 2007). Such studies show how negatives can be turned into positives and therefore reverse the dominant views where teen mothers are seen only as problems. Seo (2016) suggests that some children born to teen mothers do well and this is a message which needs to be promoted. The teen mothers and their children who fare well are “protected by risks, overcome disadvantages with the support

of their family and community, and develop resilience” (Seo, p. 2). Below I describe the main forms of reverse discourses; developing resilience and coping with stigma.

Developing resilience

In their study of young pregnant mothers, Breen and McLean (2010) found convincing evidence that becoming pregnant as a teen can present new opportunities for developing resilience. They used the definition of resilience as a “dynamic process encompassing positive adaptation within the context of significant adversity” (Luthar, Cicchetti & Becker, 2000, p. 543), and in doing so highlighted promising aspects of teen mothers’ narratives, such as enrolling in school and refraining from criminal activity. They concluded that making meaning of one’s self and one’s experience is a critical part of creating resilience. Similarly, Pellegrino (2015) explored how alignment of the teen mothers’ environments (home, school, and other) supported the development of resiliency. Her findings showed that resilience in teen mothers can be fostered with social support provided by the home, school and other environments.

Gasior, Forchuk and Regan (2017) studied the impact of supportive relationships in youth who were faced with the challenges of homelessness. They support other research work that found that resilient youth often formed attachments to influential adults who were sources of support during critical life moments. When looking for evidence of resilience in young people, Masten (2001) agrees that social support is important and promotes a view that resilience is not extraordinary rather it holds the “magic of the ordinary”:

Resilience does not come from rare and special qualities, but from the everyday magic of ordinary, normative human resources in the minds, brains, and bodies of children, in their families and relationships, and in their communities (p. 235).

This view is questioned by Brown (2015) who states that what Masten has observed as naturally-occurring resilience perhaps is learned through experiences and socialisation and offers the “possibility that there may be more components of resilience, as-yet undiscovered” (p. 117). Further views of the complex nature of resilience are raised in the study by Brodsky (1999) whose work with single mothers of colour substituted the words “making it” (p. 152) for the theoretical term resilience. Brodsky described ‘making it’ as “achieving or approaching success out of unlikely or risky circumstances” (p. 152) and identified the essential components as family, friends, money, neighbourhood, personal characteristics, and role as a parent. The findings of Brodsky support those of Masten (2001) who challenges the notion that resilient individuals are often remarkable. The women in Brodsky’s study were not invincible and did not always live up to their principles indicating that developing resilience was a longer term challenge. Furthermore, in a study by Singh and Naicker (2019) who explored ways in which teen mothers in South Africa develop resilience, found that many of the participants demonstrate resilience by developing strategies to manage their demanding roles as mothers and learners. Evidence of this is a statement by Bongeka, a teen mother who chose to return to school, “Well it is very hard but I manage my time. When the baby is sleeping, I study and when the baby is up, I have time for the baby” (p. 8).

Closely aligned with resilience is the idea of coping and this is well highlighted by Shea et al. (2016) who argued “resilience for teenage mothers... is also an ability to cope, resist or challenge discursive constructions of their lives that are meant to create shame” (p. 849). Such a view promotes a focus for teen mothers on strengths and possibilities or, as Collins (2010) states “emphasises hope and potential, rather than risk and pathology” (p. 7).

Coping with stigma

The idea of coping with (or even challenging) the stigma of teen pregnancy was explored by Rutter (1999) who introduced a term “steeling effects” to describe the means by which an individual’s previous experiences of overcoming difficulty can serve to strengthen their resistance to future life challenges (p. 125). Other researchers who examined teen motherhood from the viewpoint of the teen mothers themselves were Kirkman, Harrison, Hillier, and Pyett (2001). They found that all of the teen mothers they interviewed were incorporating their “motherhood into a ‘consoling plot’ from which the benefits of having children at a young age could be explained” (p. 287). This consoling plot included justifications that life had improved, and was not limited by motherhood.

In the school setting, other examples of coping with discrimination and stigma have been noted. Fonseca (2007) in her study of school-linked integrated services that provide interventions to support teen mothers and their children found that the young women in her study used a number of strategies to cope with stigma. The context of her findings was an exploration of how teen mothers were perceived by frontline staff and found that staff working with pregnant and mothering teens believed teen mothers were stigmatised because of their age, social class, and single mother status. Teen mothers told staff that the negative public response to their being a pregnant or parenting teen was at times both obvious and subtle. Fonseca reports the severity of the negative responses:

Some staff members could recall occasions described by the young women where the hostility they experienced extended to physical violence and involved pushing, shoving, and even kicking. In some situations the antagonism towards the teen/young mothers was restrained and expressed through body language that included dirty looks and stares (p. 68).

Some young mothers in her study would “lash out in their own defense whereas a more timid young mother would be upset, but would remain quiet” (Fonseca, 2007, p. 72) as a way to cope with their experiences of stigma. School personnel encouraged the young mothers to have confidence in themselves and to not let the unfriendliness or hostility toward them or their children affect them. Offering support to one another was another way that the young mothers coped with their negative experiences. Likewise, Yardley (2008) in her study of teen mothers’ experiences of stigma identified that participants employed both active and passive coping mechanisms to deal with negative criticism. She described active coping strategies as ones using humour or engaging in verbal defence. Examples of passive coping mechanisms included those where participants attempted to ignore negative looks and remarks and believing that being a mother was a private experience, not another’s concern. Furthermore, passive coping mechanisms often involved identifying as a good mother such as, “...now I just tend to think it’s none of their business, it’s not them looking after them ...I know that I’m a good mum and that’s all that matters” (p. 679).

Ellis-Sloan (2014) while adding to the understanding of how the stigma is experienced by teen mothers found that moral objections were used by the young women in her study “to deflect judgement for the decision to continue with their pregnancies, and therefore defend their self against further stigma” (p. 7). She elaborated further by suggesting that using pro-life sentiments was a way for pregnant young woman to be seen in a positive light. This finding is similar to Arai (2003) who found that the pregnant teens in her study justified their decision to remain pregnant by stating their pro-life beliefs. Her view was that some teens find themselves unexpectedly pregnant, but nevertheless are secretly delighted to be so, and that they presented their opposition to termination in order “to mask a genuine desire for motherhood” (p. 208). These examples of how society reacts to teen mothers indicate that

they (teen mothers) are not just having to cope with their own selves but how others view them.

Interestingly, throughout all of this discussion on literature supporting teens who give birth to children, there is little recognition and inclusion of the teen fathers. Studies about the mothers dominate. One study which does allude to teen fathers is the work of Weber (2012). In her study of twenty-six adolescent fathers, Weber found teen fathers were also dealing with the stigma of teen pregnancy and the task of negotiating their identities.

The above literature focuses on discourses, both negative and positive to explore the influence these may have on the lives of teen mothers, and, to a much lesser extent, fathers and their children. I have provided justification for using a more positive lens to view teen mothers because this enables stories of resilience and coping to emerge providing the basis for understanding other aspects of their lives. Such a view also allows for a more helpful construction of the needs of teen mothers.

To summarise, negative discourses are historically entrenched in Western society's understanding of teen mothers. Such negative discourses limited (and continue to limit) the opportunities for teen mothers to gain an education, and to flourish. By challenging these discourses, advocates for teenage mothers (such as Bargwarnath, 1997) were able to influence a shift in government policies from those that were implemented to reduce the rate of teen pregnancy (which to a large extent did not work) to those that offer support to teen mothers and their children.

As I have noted, there has been a shift in how teen mothers are viewed; nonetheless there are still parts of society who do not share this positive view. Therefore, the literature falls short because of its persistent concentration on negative discourses and putting the blame on the

teen mothers themselves. I have also noted that the Teen Parent Unit does promote a positive view of mothers and, as it is the context of my research, my thesis also promotes a more positive view by highlighting that if you believe in the mothers themselves, and surround them with support, they are able to construct an identity that favours a positive view.

This position, I suggest, allows for a reading of the literature of my second theme highlighting the potential for exploring the need for support to influence the outcomes for teen mothers.

The need for support for teen mothers

An important aspect that serves to protect teen mothers and their children from the negative outcomes often associated with teen pregnancy and parenthood is the need for support (Seo, 2016; SmithBattle, 2006; Spear, 2004). The need for support for teen pregnancy first appeared in the literature in the mid-1970s. This coincided with the time that teen pregnancy was first perceived to be an issue of social and public health concern.

Jacobson (1986) confirmed that support can moderate stress, and refers to four main forms of support which are deemed crucial and especially applicable to a pregnant teen. These four forms include emotional support, material support, social support and cognitive support.

Jacobson (1986) defines a support system as “formal and informal relationships and groups by which an individual receives emotional, cognitive, social and material support to manage stressful experiences” (p. 252). McDonnell et al. (2007) broaden this view and argue that drawing on the in-built strengths of family and community in collaborative problem solving is the utmost effective way to support pregnant and parenting teens. These authors explain:

Young people have tremendous potential to help create a safe and nurturing community and the social, economic, and personal circumstances interfering with that potential are an appropriate target for change. Helping pregnant and parenting teens build capacity to secure their and their family's social and economic well-being, while simultaneously strengthening the capacity of the broader community to support teens and their families, is an important step to a healthy community for everyone (p. 841).

This view is shared by SmithBattle and Leonard (2012) who reported the results of a longitudinal study that explored the outcomes of two individuals who were born to teenage mothers. Their results were part of a larger study that investigated the lives of specific families in relation to certain contexts, i.e., race, class, income, life events, and community resources. They shared the growing consensus “it is not teen parenthood per se that leads to poor outcomes but the relative advantage and disadvantage during childhood that differentially shape the transition to adulthood, even in the event of teen parenthood” (p. 423).

Emotional support

Emotional support, according to Jacobson (1986), refers to behaviour that promotes “feelings of comfort and leads an individual to believe that he or she is admired, respected, and loved” (p. 252). It is important for the adolescent to feel secure in knowing that there are people in her environment, who will be available to offer care and security. A study by Piccinini, Rapoport, Centenaro-Levandowski, and Royer-Voight (2002) found that teen mothers, compared to adult mothers, often relied on emotional support from their family. This finding is similar to that of Blake and Beard (1999) who suggested that the experience of pregnancy can act as a conduit for “building positive relationships and receiving support from family members” (p. 49). Arai (2009, p. 179) also found becoming a teen mother had “healed family breaches” and the young women in her study reported being well supported by their families. Other researchers (Callan & Dolan, 2013; Shea et al., 2016; Singh & Naicker, 2019) also

reported that they had found teen mothers tended to rely heavily on their families, in particular their mothers, for assistance during pregnancy and subsequent parenting. Other researchers (Benson, 2004; Amod, Halana, & Smith 2019) support these findings. Benson (2004) reported that even with all other community supports combined, the family is considered to be the main emotional and material support for the pregnant and mothering teen. Likewise, Amod et al. (2019) found that parents and families play an essential role in mediating the challenges associated with unintended teen pregnancy and parenting.

Empirical research on the support offered to teen mothers confirmed the co-relational effect between positive mother–grandmother relationships, and good adjustment and parenting (Hess, Papas, & Black, 2002; Figueiredo, Bifulco, Pacheco, Costa, & Magainho, 2006).

Having a support system can be a valuable asset to new mothers, “especially those who are more likely to face constraints along their path to motherhood” (Callan & Dolan, 2013, p. 159). The accounts of the young women in Sharpe’s (2015) study attest to the role that their own mothers played in offering them emotional support when they neglected their parenting responsibilities. Research conducted by McDermott and Graham (2005) support the finding that the central figure for the young parents was their own mother. They argue that family relationships provide more than a range of support, a ‘safety net in times of crises’, fostering resilient mothering practices” (p. 73).

However, this is not always the case. SmithBattle (2000) offered the idea that a young parent’s reliance on their family can be a double-edged sword. On one hand, reliance may enhance the young woman’s wellbeing and contribute to high school completion, while on the other hand it may result in conflict, particularly when mothering advice and assistance are “unsolicited and intrusive” (p. 32). Brodsky’s (1999) study supports this view adding that some of the young mothers in her study reported how family was a source of stress rather

than support. Seven of the ten women interviewed reported the stress of family involvement, including conflicted relationships with their own mothers and difficult sibling relationships. Rawiri (2007), who explored the experiences of Māori teen mothers in Aotearoa New Zealand, found that the stress levels among family members who were directly involved and struggling with the pregnancy had found it difficult to offer the pregnant or mothering teen emotional support.

Material support

Jacobson (1986) described material support as “the goods and services” (p. 252) that can help solve everyday problems. It is particularly relevant when considering the substantial and definitive body of research describing teen mothers in conditions of poverty and stress, and its detrimental impact on the lives of these young mothers and their children (Boston, 2014; De Jonge, 2001; Gibb et al., 2015; Maynard, 1997; Phoenix, 1991; SmithBattle, 2007b). Blake and Beard (1999) found that social and material support can be provided to the young mother through various networks of people including those in the medical, social services, and educational professions. This is echoed in the findings of Stodart (2015) who found that “issues of vital importance to the teen mother, such as benefits and housing, were better dealt with by social workers with specialist knowledge” (p. 19). SmithBattle and Leonard (2012), commenting on the inequities the children of teen mothers often face, argue that until society takes measures to reverse the trend of economic disparity among families and communities, some children will not reach adulthood with the hope of a bright future.

Social support

An early definition of social support focuses on “resources that meet needs, social relationships, through which an individual’s needs are met or both” (Jacobson, 1986, p. 252).

A number of authors promote the view that this type of social support is one of the most critical needs for teen mothers. McIntyre and WHO (2006), for example, in their publication *Pregnant Adolescents: Delivering on Global Promises of Hope*, (McIntyre & WHO, 2006), outlined several ways that social support assisted teen mothers. Furthermore, Letourneau et al. (2004) described it as “a coping resource that may be called upon to foster resiliency and coping with the transition to the demands of new motherhood” (p. 515). In Aotearoa New Zealand Wylie, Stewart, Hope and Culshaw (2009) noted that teen parents can be at high risk of social isolation and they suggested that having programmes such as Teen Parent Units, that bring young parents together is a valuable service.

An earlier study by De Jonge (2001) found that her participants believed a support group, which met regularly and had a ‘drop-in’ session, would be useful. The teen mothers thought that it would provide them with an opportunity to make friends, give each other emotional support and an opportunity to hear presentations on specific topics related to teen motherhood. Likewise, Fonseca (2007) reported such support among peers was beneficial to teen mothers who are navigating the path of motherhood. Indeed, her study found that they shared stories of mothering, helped each other with school/homework and volunteered to babysit each other’s children. Hindin-Miller (2012) noted that the participants in her study spoke of how similar experiences as mothers had allowed them to offer one another support. One of the young mothers reflecting on the importance of having this type of support provided the following account saying: “It was nice to have people to talk to who were in the same situation. They were really nice and supportive ... they were young mums themselves and knowing what it was like” (p. 207). These findings resonate with those of Singh and Naicker (2019) who reported that the teen mothers in their study valued the close friendships they developed with other teen mothers. One participant, Phendi, shared the following, “We meet at school, we talk usually girl stuff...we support each other when we have problems and

offer advice where possible” (p. 11). Another study conducted in Aotearoa New Zealand by Dickinson and Joe (2010) evaluated a pilot group programme designed in meeting the recognised needs of pregnant and mothering teens. The teen mothers in their study considered “being connected socially to other young mothers was the most important aspect to the group” (p. 43).

Further research conducted in Aotearoa New Zealand (for example, Dale, 2013; Dale & Lockwood, 2011) has explored the social support context of pregnant and mothering teens enrolled in a Teen Parent Unit. Those studies found that attending this service enhanced student outcomes and contributed to academic achievement. Likewise, Pellegrino (2015) discovered that teen mothers whose environments provided the teen with social support resulted in positive outcomes for the teen, such as attaining a high school diploma and becoming usefully employed. These findings support that of Hindin-Miller (2012) who explored the experiences of early motherhood of ten young women who had attended a Teen Parent Unit in Aotearoa New Zealand. She found that the young women in her study needed education to increase their career opportunities and to provide a better life for their children. The social support from their families, the teachers, and other teen mothers in the programme was instrumental in attaining their goals. In Hindin-Miller’s (2012) study the participants spoke of their success as learners and the support they received from their teachers. As one young woman reflected, “I think our success has a lot to do with the support that you get here...I don’t know if we’d have gone as far” (p. 193). Hindin-Miller asserted that it was the commitment of the teachers to nurturing the unique capabilities and talents of their students that had an impact of their success. Participants felt acknowledged as unique and capable learners and worthy of their teacher’s care and concern. This in turn, supported their emerging sense of self and identity as valued young women and young mothers.

Related to the teen parents' perception of the value of the teachers of the Teen Parent Unit, was their view of the importance of the social worker. Dale and Lockwood (2011) conducted a review of social work services at one Teen Parent Unit in Aotearoa New Zealand. The purpose of their review was to improve the delivery of social work support services in order to maintain and enhance the achievement of student outcomes in a Teen Parent Unit. Their findings support those of international research showing that many problems associated with teen pregnancy and parenting can be lessened by providing counselling, health care, and education on child growth and development to teen parents. In a follow-up study Dale (2013) found that participants considered the social worker to be an important advocate and a support person. In response to the social worker's role as an advocate on behalf of the student, the following areas were noted:

Work and Income New Zealand (WINZ)- issues included benefit entitlements, food and emergency grants; accommodation –issues included liaison with Housing New Zealand and resolution of disputes with landlords; food- the social worker assisted students with obtaining emergency assistance from WINZ and access to city food banks; Inland Revenue Department –regarding child support payments;-and financial- issues included budget advice and management of debts (Dale, 2013, p. 9).

Cognitive support

Closely linked to social support is cognitive support recognising that social networks are one way that knowledge about raising young children can be offered. According to Jacobson (1986) cognitive support refers to “information, knowledge, and/or advice that helps the individual to understand their world and to adjust to changes within it” (p. 252). Many programmes are designed to provide a wide range of services and support to meet the specific needs of pregnant and mothering teens. The report *Meeting the Needs of Pregnant and Parenting Teens* (National Association of County and City Health Officials (NACCHO), 2009) describes a programme in the US which is offered to all pregnant and parenting teens where school nurses provide support and educational services on an individual basis as well

as facilitating parenting groups. Similar programmes are offered in other countries, such as in Aotearoa New Zealand where pregnant and parenting students who attend Teen Parent Units gain information on topics such as prenatal care, contraceptives, positive parenting, and have access to district nurses while having their educational and parenting needs met in context.

The *Meeting the Needs of Pregnant and Parenting Teens* report (NACCHO, 2009) also noted the benefit of providing pregnant and parenting teens with “caring, healthy and substantial relationships with supportive adult(s)” (p. 7). Proponents of one such programme, the Teen Parent Program, believed that these relationships were vital in improving outcomes for teens and their children. Stodart (2015), who explored the relationship between Plunket nurses and teen mothers in Aotearoa New Zealand, found that teen mothers appreciated an adult “who was non-judgmental and supportive and had a relaxed, easy manner” (p. 19). Stodart concluded that if the teen mother “trusted the nurse, she was more likely to talk about everything in her life, including family violence, drug-taking and not feeling safe at home” (p. 19). Similarly, the young mothers in Dale’s (2013) study valued the social worker’s ability “to listen, maintain a non-judgemental attitude and to offer unconditional positive regard and support” (p. 11). He found that the presence of a social worker enhanced the experiences of the students by increasing their ability to complete their studies and in their role as mothers. The above qualities were also noted by Moran, Edwards, Dykes and Downe (2006) who conducted a systematic review of the literature on support for breastfeeding teen mothers found that emotional support from a dedicated midwife who provided continuity of care to breastfeeding teen mothers was highly valued. Furthermore, they reported that there is evidence to suggest that “choosing to breastfeed could enhance an adolescent mothers’ feelings of self-worth” (p. 167). The authors identified this as ‘esteem support’ (p. 158) and argued that this type of support can lead to increased confidence in the teen mother and her willingness to continue to breastfeed.

Dickinson and Joe (2010) established that a mixture of professional and social support contributes to the favourable outcomes for “younger mothers both in their personal adjustment to parenting, and in the way in which they form relationships with their children” (p. 35). These findings support an earlier study of Pilat (1997) who raised a fundamental concern of meeting the needs of teen mothers. She argued that often their young age may affect their ability to access services and recommended that sometimes the teen mothers require assistance to see alternatives and help work through a problem. In addition, SmithBattle and Leonard (2012) argued that for individuals who are from disadvantaged backgrounds, relational support and mentoring of a caring adult is vital to their mothering.

What these positive constructions of teen mothers encourage, are supportive resources for teen mothers to be provided in a way that is sensitive to their specific or individual needs and experiences. Dale (2013) supports the view of McDonnell et al. (2007) who favour a strength-based approach when offering services to teen mothers. Dale argues for the enhanced delivery of social work services at Teen Parent Units which extends beyond the educational setting to the family as the focus of social work intervention based on a construction of family/whānau well-being/mana atua.

However, SmithBattle and Leonard (2012) remind us that while becoming a teen parent can encourage positive life changes, it may be affected by lasting social inequalities. They caution that “without a reliable safety net and upstream policies that reduce social inequities, the most vulnerable parents end up repeating the past, in spite of their hopes and aspirations” (p. 422). SmithBattle, Lorenz and Leander (2013) echo the aspirations of most teen mothers who want to be positive role models for their children which is often unattainable without supportive relationships and access to community services.

Throughout this literature review, I have shown how studies, which gather data from listening to teenagers' experiences, whether mothers or fathers, have the potential to show how teenagers find their own answers as to what motherhood or fatherhood, means.

Having explored the need for support of teen mothers, I now turn to the third literature theme, which is the phenomenon of transition and its implications for teen motherhood.

The implication of the (dis)course of transition

Transition has been used both as a perspective and as a framework for understanding the experiences of teen mothers and how they view themselves in the world. Researchers who study the theoretical approaches of life transitions agree that individuals experience different types of transitions throughout their lives. These transitions may include starting school, leaving school, beginning a career/employment, getting married, having a child, and retirement. Some will be acknowledged by a celebration or ceremony; others will be marked less auspiciously, and many, if not all, will be seen as important turning points in a person's life (Holdsworth & Morgan, 2005; McAdams & Bowman, 2001; Wiggs, 2010).

Life transitions can be described as a series of events that result in a reorganisation of one's behaviours and inner being. For example, traumatic events, such as the death of a loved one, could be followed by a long period of adjustment and reorganisation (Holdsworth & Morgan, 2005). This view of transitions being connected to particular events in a person's development resembles the ages and stages perspective of individuals growing up. The relevance of this similarity is that a theoretical view of transition carries with it an assumption of appropriateness or inappropriateness. Often transition of any sort can be the subject of moral evaluations and it is necessary to note that the timing of a transition may be considered

inappropriate as in the case of teens where society's view may consider it is too soon for parenthood (Kaye, 2008).

However, Holdsworth and Morgan (2005) suggest a more positive response is to understand the idea of a transition as a process which takes place over time and Wiggs (2010) reminds us that transitions are often multifaceted and do not follow a direct path; instead they involve "the movement within the interactions between individuals and their environment" (p. 219). I include these views of transitions because they highlight transition as a process and provide insights and understanding for the context of my study about young women transitioning to motherhood.

Transition to motherhood

Youth, or adolescence in itself is a period of transition which Montgomery (2007) describes as "the liminal phase between childhood and adulthood – which like many transitional phases, is understood as a time of stress, disruption and social change" (p. 47). Coupling that with the demands of pregnancy and child rearing, one can see that the teen's transition to motherhood is a double challenge because two transitions are occurring at the same time. This double challenge is a matter raised by Kaye (2008) and Waddoups (2015) who reminds us "adolescent parents are still in the middle of their own developmental trajectories" (p. 10). Lawler, Begley and Lalor (2015) note that this transition can profoundly affect the way that a teen mother views herself, and the ways that others view her.

A study conducted in the UK by Miller (2007) offers further insights into the transition to motherhood experienced by seventeen young women. It illuminates the "powerful discourses that surround mothering experiences and expectations" (p. 354). Furthermore, Spielman (2002) reminds us that within Western society the transition to motherhood is often set in the

context of an idealised view of motherhood. This view may include feelings of “uncertainness, unambivalent joy” (p. 26) and selfless surrender.

However, for many new mothers, such a view is often in contrast to their own feelings. New mothers are often confused by a range of negative emotions including sadness, resentment, anger and apathy, which may lead to intense feelings of guilt and shame. The findings of Waddoups (2015), which reveal the meaning-making of adolescents transitioning to parenthood, would support this notion that the transition to motherhood can be challenging even under the best of circumstances. New responsibilities, routines and challenges contribute to increased stress, “as well as a vulnerability to depression and anxiety” (p. 9).

For the twenty percent of new mothers who suffer from a postpartum mood disorder (PMD), this may lead to despondency, a paralysing fear or more severe conditions (Clare & Yeh, 2012; Hewitt, et al., 2009; Spielman, 2002). Reid and Meadows-Oliver (2007) identify the symptoms of post-natal depression (PND) as “feelings of loneliness, loss of appetite, sleep disturbances, emotional inability and even feelings of self-harm/or harm to the infant” (p. 289). The rates for PND in the US are between 20–28 percent (Hewitt et al., 2009) and in Aotearoa New Zealand, between 8–13 percent (Harris, 2010). However, it is noted that for teenage mothers the rate of PND is disproportionately higher (Boath, Henshaw & Bradley, 2013; Clare and Yeh (2012), McGuinness, Medrano, & Hodges, 2013). These findings resonate with those of Ahern and Bramlett (2016, p. 26) who report that teen mothers are more prone to “health-related complications, such as psychosocial- related problems” and require additional support to optimise their outcomes. Wylie et al. (2009), in their study of teen mothers in Aotearoa New Zealand, reported that some of them identified PND as an issue about which more public awareness should be made.

A study on the health and wellbeing of students attending Teen Parent Units in Aotearoa New Zealand (Johnson & Denny, 2007) reported teen mothers being at higher risk of mental illness. They found “26% of those attending Teen Parent Units reported significant levels of depressive symptoms, compared to 18% of the female population attending secondary school” (p. 13). Similarly, Cox et al. (2008) reported 53 percent of adolescent mothers in their study as having symptoms associated with depression during the first year post delivery. Others, such as Barn and Mantovani (2007) and Rawiri (2007) found that a high percentage of young women in their studies reported depression, self-harm, loneliness and feelings of low self-worth. Rawiri (2007) suggested that because of the “adult issues that the adolescent mother had to face” (p. 119) they might be less emotionally resourceful than older mothers. These factors as well as the stigma, caused by the negative discourses that surround young mothers may also contribute to these feelings. Furthermore, these negative feelings may be a factor contributing to challenges with the transition to motherhood.

While the above references highlight some health implications associated with transition to motherhood for teen mothers, other research focuses on the transformative effect of motherhood on teens, where motherhood is described as a life-changing event for which they have few regrets. It is to this positive and transformational side of teen motherhood that I now discuss.

Teenage motherhood as a vehicle for transformation

Previous research has identified some of the important factors that contribute to how becoming a mother at a young age can set young women on a trajectory of transformation (Arai, 2003, 2009; Barn & Mantovani, 2007; Hindin-Miller, 2012; Middleton, 2011;

SmithBattle, 2000, 2006; Thursby, 2007). I will discuss two of these aspects namely: decision-making around parenthood and the perceived value of education opportunities.

Decision making

Thursby (2007) purported that the decision to become a mother at a young age is based on factors, such as “past experiences, present circumstances and a hope for the future” (p. 13) and can be viewed as a perceived benefit of taking up motherhood for some teens. Thursby (2007) extended what we had learned about teen motherhood by including the teen mothers’ voices in her research. She viewed teen childbearing as a “decision-making process set within a relational and social context which influences a person’s narrative” (p. 135). The findings of Thursby (2007) support an earlier study by Arai (2003) who explored teen pregnancy and parenthood in disadvantaged communities in England. Arai considered possible reasons for the young women to choose motherhood at an early age. One reason may be a strong orientation to motherhood while another is that there are few obstacles to early motherhood in some communities where education and employment opportunities are limited. She argued that this decision should not be seen as a sign of “immaturity, but rather, a sign of maturity” (p. 213).

In keeping with the findings of Arai (2003), Barn and Mantovani (2007) agree that the decision to become a mother at a young age is often a rational choice for those women who have had to grow up hurriedly because of early life adversity. Findings from their study showed that pregnant teens who make the decision to remain pregnant, “often find that motherhood is restorative, when their lives have followed a less than ideal trajectory” (p. 236). In their study, that explored teen mothers who were previously in state care, they found for all but one young woman, although pregnancy was unplanned, the decision to become a

young mother seemed to be a balanced choice. The authors explained how having a child at a young age may be a way to stabilize one's life that has been constantly disrupted, thereby giving the young woman a sense of purpose and direction, capability and self-confidence.

Furthermore the authors found that young women in their study:

demonstrated a good understanding of and awareness into their own social economic and personal circumstances....the birth of a child signified a remarkable turning point for these women. The responsibility of being a mother brought with it a sense of purpose and direction in the otherwise chaotic lives of many of the young women (Barn & Mantovani, 2007, p. 239).

Responsibility may contribute to the decision about remaining pregnant or choosing to terminate the pregnancy. Benson (2004), who explored decision-making in pregnant and parenting adolescents, found pregnant adolescents who were contemplating termination often arrived at that decision without confiding in any other person. In his experience, when the adolescent was confronted with pregnancy, their views often shifted. Moreover, subsequent decisions facing the young mothering teen may include, for example, care for an infant, and the relationship with the baby's father, or continuing in school. These become important issues with real consequences.

Researchers who have explored teen mothers' decisions to remain pregnant suggest there is merit in asking young mothers to talk about their decisions as this can offer new perspectives and promote understandings of and acceptance of teen motherhood (Arai, 2003, 2009; Barn & Mantovani, 2007; Hindin-Miller, 2012; Middleton, 2011; Thursby, 2007; SmithBattle, 2000, 2013; Zachry, 2005).

Hope for the future: The role of education

Probert and MacDonald (1999) concluded that early motherhood can be a positive experience improving young women's commitment to education. This echoes the findings of subsequent

studies which have recognised that despite difficult conditions, teen mothers can demonstrate resilience and overcome adversity to pursue educational achievement (Amod et al., 2019; Collins, 2005, 2010; Hindin-Miller, 2012; McDonnell et al., 2007; Pilat, 1997). Likewise, Vincent (2016) who researched alternative schooling options for young pregnant and parenting teen mothers found that the alternative educational settings were “successful in supporting the young women’s learning and well-being” (p. 55). The participants in her study commented that they received better academic support compared to their mainstream educational settings and that small class size and relationships with staff were noted as key benefits.

Zachry (2005) explored how the beliefs about school and educational aspirations are affected when pregnant and mothering teens become mothers. She found that while the young women in her study showed a lack of commitment to their education before becoming pregnant, their commitment to education was greatly altered after having a child. The young women reflected on their renewed interest in pursuing an education which centred on two key areas: concerns about their financial situations and a focus on future opportunities. Zachry argued that the difficulty many of the young women in her study faced was the struggle in finding sound employment without a high school education. This reality acted as a catalyst to renew their commitment to education as an investment in their future. The young women realised the importance of education as a way to provide for their families and to have hope for the future, thereby resisting the dominant discourse of teen mothers having a lifetime of welfare-dependence and low educational achievement. These findings serve to ‘reconstruct’ the teen mother, as they challenge negative discourses of the teen mother ‘bludging on welfare’ (Wilson & Huntington, 2006; Zachry, 2005).

Zachry (2005) noted that teen mothers' experiences of school after motherhood included the harsh realities of the challenges of mothering and engaging in study for most young mothers. She said even though the stress from childrearing "continued to dampen their resolve to stay in school" (p. 2588) the participants' decisions to remain in school were driven by their commitment to provide a better future for their children. These findings mirror those of Pilat (1997) who identified the attribute of true grit and courage demonstrated in the teen mothers in her study as they "came daily to school daily carrying their books, babies, bottles", in order to complete high school, in hope of a better future (p. 104).

Others to recognise the huge challenges faced by teen mothers include McDonell et al. (2007) who have highlighted the realities of the life of the teen mother with the claim "mothers face formidable challenges to continuing their education, even where there is strong motivation to stay in school and graduate" (p. 850). Likewise, Rawiri (2007) has endorsed the need for support systems for young mothers attending school. As one young mother explained:

It gets really challenging 'cos I knew I had to sit this assessment but I can't take baby to school while he's sick...Just trying to fit in with school but when baby is sick also, that's the only thing that I find hard.

In addition, Amod et al. (2019) in their study of teen mothers' perceptions of support found that limited family support, inadequate child-care, and inadequate teacher support were all factors leading to teen mothers not completing their schooling. An overwhelming consensus of findings from other research shows that without sufficient support, (mostly in the form of childcare and transportation), young mothers often miss days from school due to their children's illness, medical appointments, or other responsibilities and needs (Fonseca, 2007; Hindin-Miller, 2012; McDonell et al., 2007; Rawiri, 2007; Zachry, 2005).

The above literature focuses on the implications of the (dis)course of transition and the contextual factors that influence the transition to motherhood for adolescents. For many young women, this transition begins as a decision-making process, and is experienced as a journey of transformation. Prior to my research, I considered that most of the relevant literature would be included in the themes discussed above; society's views of teen mothers portrayed as negative discourses; discourse that focuses on their need for support and the ways in which teen pregnancy is encapsulated within the idea of a transition from teen to mother. However, I also recognised that this transition to motherhood requires some rethinking of what motherhood means and how the concept serves to shape a young woman's identity. It is to this concept of identity that I now turn as my fourth and final literature theme.

Identity(ies) and the teen mother

Identities are never static. They are malleable and often constructed around events and happenings that are important within an individual's life. Identities are something that develop throughout a person's lifetime and have special significance for a teen mother. In this literature theme, I will discuss three of these aspects: contemporary ideas of identity, motherhood identity and conceptions of a 'good mother' identity.

Contemporary ideas of identity

Traditionally, identity has been perceived as something one has. Today the view is more holistic and takes into consideration the many contexts that the individual experiences, i.e., relational, environmental, cultural and societal. Rodgers and Scott (2008) stress the importance that: identity is "always in the making" – rather than stable, and is always shifting "according to context and relationships, and is therefore varied and multiple" (p. 736). Four key ideas of contemporary formations of identity proposed by Rodgers and Scott (2008) are

used to relate to the emerging identities of teen mothers. These are that identity is formed within multiple contexts and in relationship with others. Furthermore, “identity is shifting, unstable and involves emotions, construction and reconstruction of meaning through stories over time” (Rodgers & Scott, p. 733).

The idea that the teen mother can acquire multiple identities as she engages in relationships and experiences in a variety of contexts is valuable information in supporting her transition to motherhood. Who she is, her personal self, how she expresses or defines herself, her personal and cultural values all play an important part of who she is, and who she ultimately becomes as a mother. How she perceives herself influences her effectiveness, not only in that role, but also in her evolving identity as a teen mother.

Similar to Rodgers and Scott’s idea that identity formation is unstable, Wetherell (2010) describes identity as elusive and difficult to define. In paraphrasing Wetherell’s idea of identity as “an open problematic” (p. 3), I highlight her proposition of the three paths through the challenge of identity. The first path is a study of identity as a particular individual achievement. Here the ‘names and looks’ are interpreted to take into consideration ‘who one is’, and are used as guides to inform what should be done next. However, in recent times this view has shifted from fixed individual achievements to “being seen as mobile and flexibly negotiated with others” (p. 4). The second path is related to membership of a group(s). Wetherell (2010) explains that through this path, the names and looks transform into examinations of social divisions, or camaraderie, and the “practices of marginalisation, segregation, inclusion etc. linked to belonging” (p. 4). The third path of identity study links to the ethical and political with its roots in the civil rights movement of the 1960s and “has been central to activism, to social justice campaigns and to the investigation of these” (Wetherell, p. 4). Although each of these views may have influenced my research at one point, it was the

more contemporary views of identity that were most suitable to the young women in my study. This is primarily because contemporary views of identity are regarded as being influenced by social constructionism and narratives. These perspectives match well with the study of pregnant and mothering teens becoming mothers.

I now review literature that highlights a more social milieu of identity.

Identities constructed within contexts

Social constructionists suggest that what can be known about a group of people, for instance teen mothers, are products of social, political and cultural knowledge that change over time and place, and our understandings of the world. Harris (2006) argues that “the self” is one phenomenon that has been “relativised” (p. 224), and suggests that any person can be defined in countless ways, contributing to the idea that people’s identities are achieved through social interaction. The social interactions and experiences that an individual has can challenge or confirm an individual’s perceptions of who they are at any given moment (Baumeister & Muraven, 1996; Gee, 2011; Gergen, 1985; Harris, 2006; Kehily, 2007; Rodgers & Scott, 2008). Baumeister and Muraven (1996) also agree that context plays an important role in developing an identity, and suggest that “identity reflects the adaptation of the individual self to the sociocultural context” (p. 415).

For a teen mother the context in which she lives (home, school, and work) and the relationships and interactions that she has with others within these contexts, have a strong influence not only on how she perceives herself, but how she perceives herself as a mother. These contexts also influence how others will perceive her. For the teen mother, this has a deeper significance on her developing sense of self, as her identities are constantly evolving, and are continually constructed and reconstructed through her experiences with people,

places, things and time. How the teen mother perceives herself in relation to her self-identity as a mother has not been studied in Aotearoa New Zealand, therefore my thesis will offer a broader understanding of how teen mothers perceive themselves as mothers.

For this reason, in the next section I discuss another perspective that adds an additional layer to our understanding of how a person's identities are shaped through a narrative perspective.

The stories of self: The narrative perspective of identities

According to Thomson (2007), the most humble definition of biography is “the history of the life of a person” (p. 74). Traditionally biographies would have been written about people of great importance. However, it is only within contemporary times that the lives of ordinary people have been represented this way (Thomson, 2007). Constructing a narrative of an individual's experiences can provide a researcher with an opportunity to observe, listen and reflect on how an individual (teen mother) may think, act and feel, and is able to gain critical insights into the experiences of others.

Andrews, Squire, and Tamboukou (2008) explain that researchers who are “interested in narratives as individual accounts of experience tend to be the most convinced of the significance of the story as a way of expressing and constructing personal identity and agency” (p. 6). While stories change with each telling of the story, participants involved in a narrative study represent their stories and themselves at one point in time. As the future becomes the present, and the hopes for the future become assimilated, these stories often change over time. Yuval-Davies (2006) argues that people construct identities through narratives. She elaborates “identities are narratives, stories people tell themselves and others about who they are (and who they are not)” (p. 202). These stories may relate to self or to other's perceptions of self.

According to Webster and Mertova (2007), the stories people choose to tell feature critical events, and are the device by which the most important incidents are communicated to the listener. People tend to filter those events that hold the most importance. The authors explain:

As we recall experiences we unfold the story of those experiences. The story, in turn, is associated with a memorable event. That event has carried with it development of new understanding as a consequence of the particular experiences. Perhaps, importantly, it has stood the test of time and retained a place in living memory, where many other details have faded not to be ever recalled (Webster & Mertova, p. 73).

Giddens (1991) adds to this idea by introducing the concept of a “fateful moment” (p.109) as a moment in a young person’s life that requires the individual to consider the potential consequences of particular choices and actions. Thomson et al. (2002) explain that the fateful moments can be empowering experiences and “the empowerment gained through a fateful moment have important effects which may have major implications not just for the circumstances, but for self-identity” (p. 338).

The literature on ‘the self’ reviewed above (Gee, 2011; Giddens, 1991; Rodgers & Scott, 2008; Thompson, 2007; Webster & Mertova, 2007) suggests that there is more to a self than merely an array of ever-changing identities. Rodgers and Scott (2008) explain:

There is a notion of continuity and coherence that signals a self, even as there are discontinuities, shifts and crises that signal an evolving self. In effect, the self can be seen as the meaning maker, or the teller of stories. If our identities are stories, then ourselves might be the storytellers (p. 738).

Indeed this interpretation allows us to acknowledge that a teen mother constructs a sense of the world and self, based on her previously held beliefs that may reflect the dominant beliefs of society. It is through her telling of stories that these beliefs are kept alive or have the possibility to be challenged, therefore creating new meaning. Her story plays a necessary role

in organising and maintaining a view of herself and her life situation. Therefore, her identities require the organising capacities of language (Goldenberg & Goldenberg, 2013).

Having explored the way identities are constructed through contexts and narrative, I now turn to discuss how one forms identity as a mother.

Becoming a mother: Mother identity

The question about how women assume the mother identity and what becoming a mother means is highly contested. Recent researchers exploring mother identity agree that becoming a mother constitutes a substantial life event as well as a profound change in being (Laney et al., 2015; Mayes et al., 2011). Laney et al. (2015) argue “that no one theory can fully capture the varied nuances of motherhood or what it means to become a mother” (p.126). Mayes et al. (2011) suggest that there are two wide-ranging perspectives on how women adopt a mother identity. Firstly, “women become mothers by engaging in mothering work following the birth of their baby and secondly women engage in mothering work during pregnancy and therefore become mothers prior to giving birth” (p.112). Both of these perceptions assume mother identity in relation to the infant. This interpretation supports that of McMahon (1995) who suggests that a woman derives a sense of self from her relationship with her child. That is, “identity is established and validated in the social relationships associated with motherhood” (p. 22).

Mayes et al. (2011) who studied the mother identity for women with intellectual disabilities share the two aforementioned perspectives on how women assume a mother identity. Laney et al. (2015) offer the perspective that the practice of mothering furthers identity changes in women, because women are faced with the realities of motherhood, which are in opposition to their ideals of motherhood. This view supports the research conducted by Miller (2007)

whereby the women felt guilt or self-blame when their expectations or “optimistic stories” (p. 352) of motherhood conflicted with their lived experiences. However, they also offered the possibility that other factors, influences or experiences may contribute to women coming to know themselves as mothers. The positive identity that can be achieved by becoming a teen mother requires some rethinking of what motherhood means and if one is to feel like a ‘good mother’.

Construction of self as a ‘good mother’

In their study of teen mothers McDermott and Graham (2005) highlighted the importance that prioritisation of the mother-child relationship had in providing a source of fulfilment, self-worth and self-identity to the teen mothers. The mother-child dyad was their most valued relationship and one that offered a permanent, unconditional love to the young women. Further, McDermott and Graham (2005) argued that this strong dyad helped their participants construct several positive discourses about the benefits, or insignificance, of age to their ability of being what they called a good mother. The researchers suggested that it was the young women’s resistance to the dominant discourses of teen parenting that signalled a form of identity work in which “young mothers in disadvantaged environments made use of the resources that were available” (p. 72). This finding is similar to that of Hindin-Miller (2012) who explored young mothers’ accounts of parenthood and educational support and found that pregnancy and parenthood was “the first step in defining a new identity based upon being a ‘good’ and responsible parent” (p. 159).

The concept of being a ‘good mother’ was also reported by Kirkman et al. (2001) who studied the canonical and autobiographical narratives of teen mothers. The authors describe canonical life narratives as more general stories of lives that serve as “guides for action and often provide a standard for judging the actions of others” (p. 281). Canonical narratives

reflect the socially acceptable story (or discourse) in a particular culture, such as young people should wait until marriage or when they are in a committed relationship before having children. In their research, the researchers found that the teen mothers had confidence in themselves as good mothers. The authors explain:

The way in which these young women emplot their motherhood is in stark contrast to the canonical narrative of teenage mothers. Without exception, they represented themselves as confident, good-or at least good enough-mothers. One of the mothers, Mandy claims: 'I know I'm doing a good job with [my baby] When I leave [baby] I can't breathe.... I'm just really worried to leave him. I don't want to, ever. ... [I wonder], is he crying? 'Cause I'm the only person that settles him down; nobody else.' (p. 289).

The word 'emplot' in the above quote refers to emplotment and almost all uses have the sense of placing in the context of a story line or plot. These findings mirror those of Vincent and Thomson (2013) who found that for some young women in their study their initial lack of belief in their ability to be a good mother was gradually replaced by a growing confidence. This growing confidence was attributed to the view held by educational staff of mothers as loving and capable. McDermott and Graham (2005) highlighted this point by arguing that mothers shape their identity as responsible, caring mothers by meeting the needs of their children, subverting negative discourses of teen motherhood and investing in positive discourses to construct their "good maternal selves" (p.71).

In her study of teen mothers who were transitioning to parenthood Waddoups (2015) posed the question, "What makes a good parent?" The most frequent response was 'being there'. Waddoups offered examples of nuance in the answers supplied. For example, for some participants 'being there' was suggested as being more than just physical presence but instead including being emotionally present and available. In other cases, it meant being there physically. One participant shared her decision to stay home with her infant saying, "Just me being here established this huge relationship between us, which is a good start for her life" (p. 78).

In all of this research, the self-identification of teen mothers as mothers, and possibly ‘good’ mothers, is shaped by social construction, and appears to offer the young women strength to resist negative discourses about teen mothers. As there is little research in Aotearoa New Zealand on the constructed selves of teen mothers, this thesis focuses on experiences, and perceptions of pregnancy and mothering of a group of young women who attended a Teen Parent Unit.

Concluding comments

In this review of relevant literature, I started by exploring research that described four negative discourses of teen mothers and the implications these have had on policies and actions in the Western world. I also explored research that offered reverse discourses on developing resilience and coping with stigma. An extension of these discourses, I suggested, encourages policies and actions which focus on the needs and supply of support for teen mothers. I have described these supportive structures and noted that the Teen Parent Unit, which is the context of my thesis, is one example of the outcome of a supportive policy (see Chapter 4).

It is also important to review the literature on transition to motherhood, in particular with reference to this transition during adolescence. What I have highlighted in this chapter has been the transformative effect that pregnancy appears to have for young women with respect to their autonomy to make decisions and the value they put on education for them, and therefore for the development of their children. More important, however, is the literature that encapsulates the ways in which teens who are mothers construct new and fluid identities of themselves as mothers.

In conclusion, this review of the literature has demonstrated that, although the lives of previous generations of teen mothers were limited by negative discourses and restrictive policies, the lives of current teen mothers are more enabled by more positive discourses. In recent years, it appears that many teen mothers are able to gain strength and confidence from their identity as a mother which, in turn, can lead to a trajectory of transformation with positive outcomes. I take heart that teen motherhood can be understood in positive terms and take this positivity into the design of my own research study exploring the experiences of a group of teen mothers, enrolled in a Teen Parent Unit making the transition to motherhood. Like the researchers before me, I seek to deepen understandings of a sample of teen mothers who have all found themselves accessing the same support of a Teen Parent Unit. My study tracks the experiences and perceptions of these women in order to discover what has helped and hindered their respective transitions from adolescence to teen mothers in their quests of becoming a 'good mum'. I agree with Benson (2004) who suggests that in order to enhance outcomes for teen mothers, one should individually tailor both support and the timing, and match the decisions and the conditions that the teen mothers face. I support his view and the view of Clifford and Brykczynski (1999) who suggest that understanding the 'insider' view of teen motherhood is important for making programmes available that meet the genuine necessities of the teen mother.

Finally, I believe that the shift in focus from teen mothers being a problem (burden on society) to one where we look at positive attributes of teen mothers needs to be continued. Therefore, this thesis amplifies this shift and increases our knowledge about teen mothers by capturing their experiences. Clifford and Brykczynski (1999) offer the following quote by Dr. Martin Luther King to illustrate the point of listening to the teen mothers themselves:

If we really pay attention to those we want to help, if we listen to them, if we let them tell us about themselves, how they live, what they want out of life, we'll be on much more solid ground when we start planning our action, our programs... (p. 4).

Chapter 3 will describe the methodological approach I used in this study.

Chapter 3:

Methodology

The purpose of this chapter is to provide a rationale of the research approach that I have taken. It will acquaint the reader with the theory, beliefs and practices that have influenced this research inquiry. It will explain how and why I selected social constructionism as the main theoretical and methodological approach for this research project albeit with elements or techniques of a narrative approach to conceptualise aspects of research. Also included is an explanation of why a thematic approach was deemed useful for analysing the stories that the participants shared. Next, is my justification for using some of the analytic properties of grounded theory to uphold the findings of thematic analysis. This came about as a result of my finding that thematic analysis highlighted particular patterns in the data. I applied techniques of grounded theory to determine if these patterns would lead to a conceptual model.

Searching for the ‘right’ methodology

In making my choice of methodology I reviewed methodology texts and examined a number of studies (some quantitative) about the experiences of young mothers. During the literature review reported in Chapter 2, I discovered that numerous studies focused on the negative outcomes associated with teen pregnancy. I also realised that, since the early 1970s, the majority of negative discourses came from quantitative research most of which had been conducted from a health and/or socioeconomic perspective (Berthoud et al., 2004; Dickson, Sporle, Rimene, & Paul, 2000; Geronimus, 2003; Haskett et al., 1994; Hotz et al., 2005).

In recent years, however, there has been a notable shift from quantitative research that focuses on demographics, social context and outcomes of teen pregnancy, to qualitative research that offers young mothers the opportunity to tell their own stories of their experience of being a pregnant and/or mothering teen (for example Hindin-Miller 2012; Shea, Bryant, & Wendt, 2016; Smith Battle, 2006, 2007a; Thursby, 2007). This is why my study adds to the notable shift because it captures the expression of young women who have experienced being pregnant and mothering as a teen.

Since I was interested in exploring the lived experiences of young mothers, I looked to the writings of qualitative researchers. Guidance was offered by Creswell (2007), and Denzin and Lincoln (2005). It featured some key characteristics for choosing the methodology to align with research questions (these characteristics will be described later in this chapter). It was the emergent feature of the qualitative approach that initially piqued my interest. However, I saw that this would challenge my own belief system, values, assumptions and perceived biases that I had developed through my psychological training. Initially, I came to this research with a positivist viewpoint. I believed that I would be able to produce categories from the young women's experiences that would represent factors that led to the outcome of being a young mother – mainly events that occurred in their early childhood. My prediction was that some of the categories would be similar to those indicated in current literature, and the stories of the young women would not only support such categories, but also reveal other critical factors. I believed that I could deduce specific critical events in the lives of the participants that would lead to a theory of mothering.

In order to take up a qualitative research approach, I needed to make a paradigm shift (Kuhn, 2012) from believing that I could discover predetermined characteristics of young mothers to

being open to hearing from them what they determined were their key experiences. In making this shift, I considered the idea of a paradigm as a set of beliefs (Corbin & Strauss, 2015) that endeavours to answer questions of:

- ontology (What are the beliefs about “reality”?);
- epistemology (What is knowledge?); and
- methodology (How do I study or pursue this knowledge?)

Qualitative researchers position their inquiry within a particular set of philosophical assumptions (paradigms) or belief system. I therefore considered my ontological and epistemological positions. As noted earlier in this thesis, my early experiences and training shaped the way that I see the world and as a result, my *ontological* position at the start of this project was shaped by my psychological training. That meant I believed that reality is something to be discovered, objectively, through research.

However, when I began interacting with the young women, i.e. engaging in conversations and through observations, I realised that holding that position would limit the rich potential inherent in the stories of young mothers. During our conversations, I realised that if I continued in this manner, I would be forcing upon the young women my view of what was best for them. I therefore decided that this research would be stronger and more meaningful if I could stand back and hold my views, and assumptions outside the research. I considered the view of Alvesson and Sköldberg (2009) who claimed that social constructionism was the opposite of positivism; arguing that reality is “precisely socially constructed” (p. 15). However, it was the explanation of social constructionism by Visser and Dreyer (2013) who argued that it does not mean that social constructionism rejects the reality ‘out there’. “It simply means different ‘realities’ or ‘what there is’ exist as constructed in different

approaches, cultural thought and experience and relationships” (p. 4) that firmed my acceptance of the social constructionist view for this research study.

In this current research project, despite being challenged by social constructionist ideas (see below), and the work of Foucault (see Literature Review); I do consider that there are multiple realities created by individuals. Furthermore, I believe that these realities are never static, but rather always in a state of becoming.

Taking this new approach, my idea about the focus of my research (my *epistemological* position) also needed to change as I realised that my relationship with the research topic could not be independent. I wanted to explore the meanings of events in the lived experience of young mothers. I took up the view of Denzin and Lincoln (2005) that all “research is interpretative; and is guided by the researcher’s set of beliefs and feelings about the world and how it should be understood and studied” (p. 22). This encouraged me to realise that a qualitative approach would be most appropriate for my research, and that I would be continually challenged to put aside my biases from earlier learning. I wanted to be open to all the possibilities that a qualitative approach had to offer. I was prepared to enter the research journey with the awareness that the phases of the process could shift or change after I crossed the threshold of the field setting (Clandinin & Connelly, 2000; Creswell, 2007, 2013; Denzin & Lincoln, 2005).

Creswell (1998) initially described qualitative research “as an inquiry process of understanding ... that explores a social or human problem” (p. 15). His later definition emphasised the “process of research as it follows from philosophical assumptions, to interpretive lens, and on to the procedures involved in investigating social or human

problems” (Creswell, 2013, p. 44). This *methodology* appeared to best suit my research because it allowed me to start with the philosophical assumptions about multiple realities in order to interpret the meanings that my participants might attach to events and things in their lives. Moreover, according to Harris (2006), because qualitative research is grounded in a constructionist framework, I realised the potential of using such a framework would allow me, as the researcher, to appreciate how my participants constructed and interpreted their experiences and their reality, which is ever-evolving within the contexts of their lives. Qualitative researchers concur that the interpretation of meaning can only be understood by taking into account the context in which it is constructed (Clandinin & Connelly, 2000; Creswell, 2007; Denzin & Lincoln, 1994; Smith, Flowers, Larkin, 2009). Smith et al. (2009) elaborate that “qualitative research tends to focus on meaning, sense-making and communication action; by looking at how people make sense of what happens, and what the meaning of that happening is” (p. 45). This is why I favoured an approach that would allow me to explore and record the process (lived experience), of teens transitioning to motherhood. My final decision to select a qualitative methodology was informed by reading the justification offered by Corbin and Strauss (2015) who claimed:

the desire to step beyond the known and enter into the world of the participants, to see the world from their perspective, and in doing so make discoveries that will contribute to the development of empirical knowledge (p. 14).

While considering the appropriateness of qualitative research for my project, I still needed to determine which would be the best theoretical foundation. I found the writing of Creswell (2013) helpful, especially the reference to qualitative research being thought of metaphorically where it is likened to a piece of fabric, much like a tapestry, composed of various threads and colours, which is at times complicated and not easily explained. Creswell added that, nonetheless, “the loom on which the fabric is woven, general assumptions and interpretive frameworks hold qualitative research together” (ibid., 2013 p. 42). This metaphor

was carried further by stating that while all qualitative researchers use their looms to weave their fabric, they do so from their own perspectives.

Creswell (2013) also provided guidance for my choice of theoretical framework in a comment that the approaches to qualitative inquiry are based within the general assumptions and interpretive frameworks; sometimes referred to as ‘social constructionism’. I now turn to discuss social constructionism as both the theoretical and methodological perspective that has underpinned the qualitative approach to my research project.

Social constructionism

From the perspective of social constructionism, humans use interactions and relationships to co-construct meaning (Gergen, 1985). In this respect, meaning derives from language (and interactions) and exists through human experience and sense making. When individuals coherently narrate their life themes and enact them with purpose, they succeed as authors of their lives. This process of meaning-making through storying is why I am able to say that a thesis using a social constructionist methodology may include narrative techniques. A transformative transition, such as becoming a young mother, reflects the life themes that pattern, shape and define the person’s self-concept and engagement with society. By encouraging my participants to tell their life stories from the moment they had become pregnant, to the birth of their child, their experiences of being a mother and attending a Teen Parent Unit, I intended to capture that transition in my thesis methodology. I chose social constructionism as my preferred theoretical framework because of its potential to give voice to the views of young mothers learning to come to terms with their changed role and responsibility in life. I wanted to explore how they found new meanings, purpose and direction in the role of a young mother.

Author sources writing about social constructionism also endorse its meaning-making potential. Gergen (1985) states “constructionism asks us to suspend our beliefs about commonly accepted understandings and invites us to challenge the basis of conventional knowledge” (p. 267). This view is supported by others (Denzin & Lincoln, 2011; Harris, 2006), who believe that social constructionism is a paradigm with an emphasis on searching for meaning and understanding. Gergen (1985) offers the following description of social constructionist inquiry saying “...[it] is principally concerned with explicating the process by which people come to describe, explain, or otherwise account for the world (including themselves) in which they live” (p. 267). Galbin (2014) agrees and reiterates that social constructionism involves “challenging most of our common sense knowledge of ourselves and the world in which we live” (p. 83). Her view is that social constructionism is interested in two subjects: culture and society. Since these are the shared aspects of all that is psychological, this notion appealed to me because it offered me a link between my previous and newly developing understandings about the ideas young mothers have about motherhood. More importantly, it was Galbin’s (2014) analogy of the social constructionism perspective as ‘a map’, which had particular appeal. She wrote:

The [sic] social constructionism is not interested to create maps; it surprises the processes that maps form. Our maps are formed from our experience and how we perceive them. All our maps are differing maps of the same world. Each of us creates our own worlds from our perceptions of the actual world. The social constructionism sees the language, the communication and the speech as having the central role of the interactive process through which we understand the world and ourselves (p. 82).

Likewise, Goldenberg and Goldenberg (2013) also allude to a map and emphasise that our beliefs about the world, i.e. what constitutes reality are “not a reflection or map of the world” (p. 369), but are social inventions that evolve from conversations with others. Earlier, Burr (1995) promoted a similar idea that an individual’s view of the world is socially constructed

and argued “this construction is rooted in language” (p. 32). Although language is unique to human beings, the way that it is varied in meanings and is always changing underpins social constructionism. Therefore, a person’s reality or view of the world is not an exact imitation of what is out there. Instead, it is socially or communally constructed through language (Goldberg & Goldberg, 2013). Gergen and Gergen (2007) promote a similar view, attesting that it is essential to focus on language when applying a constructionist account of the social geneses of knowledge.

Given that my research project focuses on the meanings young mothers ascribe to their lived experiences, the theory of social constructionism appeared to fit. From the outset, I was interested in the language the young women used to describe themselves and their contexts. I was also interested in ways that the socially constructed discourses about young mothers were taken up, or not, by the young women I planned to interview.

Although researchers may use the term ‘social construction’ in different ways, there is some consensus that the fundamental concerns of constructionist inquiry are to investigate what “people know, and how they create, apply, contest and act upon these ideas” (Harris, 2006, p. 225). In choosing a theoretical framework, I came across Harris’s discussion of how researchers use constructionist ideas to explore “concepts that help explain the causes and consequences of real inequalities” (p. 225). This resonated with me in terms of the ‘so what?’ question of my study. The concept of the teen mother, for example, was not considered a ‘problem’ until the middle of the last century. My reading of the relevant literature (see Literature Review) helped explain how this had come about, and highlighted the potentially harmful consequences this concept, or label, had for mothers who are also teens.

According to Goldberg and Goldberg (2013) it is the ‘to and fro’ between language and experience that “reflects how reality and language mutually influence each other in an on-going process that defies final meeting” (p. 369). In my study I have explored how conversations with me, the researcher, offer the participants an opportunity to, possibly, construct new meanings for what it means to be a mother, a topic that has limited exploration in Aotearoa New Zealand and thus has not dominated the literature on young mothers.

Gergen and Gergen (2007) argue that social constructionism usually refers to a tradition of scholarship that “traces the origin of knowledge, meaning or understanding to human relationships” (p. 462). Their view of social constructionism looks at the origins of experience through relationships and interactions. The dialogical aspect supports the use of the narrative technique inside social constructionism. My interview questions were used to trace the evolution of the young mothers’ emerging conceptions of what it meant to be a mother. Visser and Dreyer (2013) concur with Gergen and Gergen’s view, maintaining that the way “the world is understood is achieved in relationship.” (p. 4). Therefore, how people constitute what the ‘world is’, is by negotiating, comparing views, and agreeing. The authors argue that relationship takes precedence over *anything* [emphasis added] that is perceived as understandable in our reality. Therefore, there is no being, things, people – reality without relationships (Visser & Dreyer, 2013).

In selecting a social constructionist approach I also needed to consider ways to collect, analyse and interpret the data. The possible methodological approaches and techniques I considered for guidance of the collection, analysis and interpretation of data were narrative (Clandinin & Connelly, 2000, 2008; Riessman, 1993, 2008); thematic (Aronson, 1994; Braun & Clarke, 2006; Tuckett, 2005) and grounded theory techniques (Charmaz, 2006; Corbin &

Strauss, 2015). I now develop the ways in which techniques of these approaches have influenced my research project, beginning with a narrative approach.

Drawing on the techniques of a narrative approach

Clandinin (2013) notes that since the 1980s research has taken a narrative turn to studying experiences. I have always been intrigued by a person's story and, furthermore, I intended to spend 'time in the field' (Clandinin & Connelly, 2000) observing and sharing experiences of their daily lives with the participants. For this reason, I hoped to use techniques of narrative research for my data collection and analysis.

The beginnings of present-day narrative social and educational research result from an increase in humanistic approaches of conducting research within the fields of western psychology and sociology. These approaches are seen as holistic, person-centred, and consider the sociocultural context of the participant (Andrews et al., 2008; Bruner, 2002; Creswell, 2013; Polkinghorne, 1988; Riessman, 1993). Life stories, individual case studies or in-depth biographies are used to collect information from an individual or specific group in order to shed light on a phenomenon or social issue. Narrative approaches or techniques acknowledge that reality is a social construction and exists as a set of meaning-bound constructions (Lincoln, 1990). Furthermore, narrative research is concerned with the lives that people live – with all the complexities of those lived experiences. Such research focuses on how an individual perceives themselves, their experiences and their surroundings, and most importantly, how the individual makes meaning of that experience (Webster & Mertova, 2007) often through conversations with significant others, as discussed in the previous section.

Polkinghorne (1988) argues “narrative provides a framework for understanding past events and is the way in which individuals give meaning to their experience” (p. 11). He elaborates by saying, “human behaviour is produced and informed by this meaningfulness” (p. 1). Several writers suggest that people use narratives, or stories, to express emotions, beliefs and attitudes about how they believe the world should be. They consider that using narratives highlights our unique human behaviour that comes about from our propensity for story-telling, which allows us to make sense of where and how we fit in society as a person and in relation to others, and how in turn others see us (Andrews et al., 2008; Bruner, 2002; Clandinin & Connelly, 2000; Fraser, 2004). Narrative techniques offer a researcher a way to appreciate how the connections that take place among individuals, groups, societies and within cultures give rise to a sense of shared meaning (Fraser, 2004; Riessman, 1993, 2008).

Further support for adopting narrative techniques for my research was provided by Andrews et al. (2008) who recommended that researchers who work with narrative “... be able to see different and sometimes contradictory layers of meaning, to bring them to useful dialogue with each other, and to understand more about individual and social change” (p. 1). Such researchers are in the position to see the value of a narrative, by recognising the inherent strength and capacity of people, and encouraging them to articulate and make meaning of their experiences. It is through these dialogues that researchers are able to explore social phenomena more holistically (Fraser, 2004).

Andrews et al. (2008) also explained that researchers who are “interested in narratives as individual accounts of experience tend to be the most convinced of the significance of the story as a way of expressing and constructing personal identity and agency” (p. 6). In keeping with the view that there are multiple realities, and that social interactions influence people’s

ever-changing views of themselves, participants involved in a narrative study represent their stories and themselves at one point in time. As the future becomes the present and the hopes for the future become assimilated, these stories often change over time. Through the study of a personal narrative, the researcher often learns how the individual perceives the event or the relationship and how their perception of this affects the conceptions of themselves (Polkinghorne, 1988).

A key technique of narrative inquiry that I used in my research project was ‘negotiating a way for me to be useful’ to the participants in the field (see Research Design p. 84). I endeavoured to establish a researcher relationship and as a way of collecting data, capturing their views about what it meant to be mothers. The main reason for adopting some techniques of a narrative methodological approach was that it fitted with my own view that each young mother, although on a similar journey, had a unique story to tell, and therefore had the potential to reveal rich data. Using narrative techniques offers the researcher an opportunity to document critical life events, such as becoming a mother. I had hoped to do a full narrative inquiry, but I recognised that the need to maintain confidentiality would be a limitation. However, I wanted to privilege the rich telling that these young women had of their lives. As a result, I posed questions that I hoped would encourage my participants to talk about their experiences in story form. In my thesis, although I have presented the data as fragments of stories, I have drawn on the techniques used within narrative inquiry as a way of encouraging the young women tell their stories. Riessman (1993, pp. 9-14) proposes a narrative approach to data collection as occurring in five stages. I have used the first three stages in my research project (see Research Design pp. 89-91).

In the first stage, both the participant and researcher attend to the experience that is being discussed. Riessman (1993) believes that it is this attending to, or reminiscing about past experiences and the subsequent narrating of those experiences that enables an individual to give meaning to them. Riessman cautions and reminds researchers that “[they] cannot give voice, but ... hear the voices that [they] record and then interpret” (p. 8).

The second stage of data collection is the telling. According to Riessman (1993), the telling of one’s story is both an individual and a social process. The person’s telling of the story is shaped by not only past events remembered but also “by the social interaction of the interview process” (p. 11) – in other words, social construction. It is through the interview process that meaning is often negotiated and co-constructed. It is the understanding of language and partnership that are characteristics of this stage (Bogdan & Biklen, 2007; Mishler, 1986). Riessman explains that meaning is constructed at this stage in “a process of interaction” (p. 11). The act of telling one’s story serves to create and confirm one’s past and opens new possibilities for the future, and it is during this stage, where the participant talks and the researcher listens, that a narrative is produced.

The third stage is transcribing. The act of transcribing interviews can be tedious, time-consuming and difficult (Kvale, 2007; Mishler, 1986). Kvale (2007) describes transcription as an interpretative process, explaining that transcription is a “translation from one narrative mode (oral discourse) to another mode (written discourse)” (p. 2). Skukauskaite (2012) highlights the importance of what we can learn about human experience and emphasises that interaction depends not only on how a researcher uses language data, but also the choices they make in what or what not, to represent and on how to represent it. Transcription is often

transformative and how the interview is transcribed is inherently up to the researcher (Kvale; Mishler; & Riessman, 1993).

Approaches to Data Analysis

While I used techniques of narrative inquiry in the first phases of this research project to collect and privilege the voices of the young women, when I came to analyse the data, I realised that continuing to use a narrative approach had the potential to expose the identities of the young women. Therefore, I sought other ways to analyse the data; those that would protect the anonymity of the women. The main approach that appeared to be most suitable was thematic analysis.

Thematic approach to analysis

Braun and Clarke (2006) support the view of Holloway and Todres (2001) who argue that qualitative approaches are extremely “diverse, complex and nuanced” (p. 355), therefore thematic analysis should be considered as a foundational method for qualitative analysis. This idea of a foundational method of analysis encouraged me to explore this for my research project. Furthermore, Aronson’s (1994) comment that thematic analysis weaves together participants’ stories seemed most appropriate for my project.

Aronson (1994) states that thematic analysis “focuses on identifiable themes and patterns of living and/or behaviour” (p. 1) and describes a sequence of steps that a researcher should adopt when conducting a thematic analysis. These steps involve collecting data, identifying data that relate to classified patterns, collating patterns into subthemes and building a valid argument for choosing themes. The data are usually in the form of participants’ narratives

and when analysed thematically they offer an all-inclusive picture of their collective experience (Aronson, 1994). The final step of this approach involves a review of the literature (Tuckett, 2005). This on-going review highlights that analysis is an iterative process. It allows the researcher to gain additional information that enables them to draw conclusions from the data. Charmaz (1990) argues that the researcher may “sculpt fully contoured ideas” (p. 1168) throughout the analysis process, rather than mentioning them at the end. In this way, the researcher can then begin “to formulate theme statements to develop a story line” (Aronson, 1994, p. 3).

I was attracted to this approach for my analysis, as it appeared to fit within the social constructionist paradigm. Braun and Clarke (2006) argue that thematic analysis can be a constructionist method, whereby events, realities, and experiences are studied to determine the effects of discourses functioning within society. I was interested in the effects of negative discourses about young mothers on both the young mothers themselves and the society in which they live. I also took guidance from the claim by Guest, MacQueen and Namey (2012) that good data analysis and research design is a “combination of appropriate elements and techniques from across approaches and epistemological perspectives” (p. 3). Furthermore, Braun and Clarke (2006) believe that thematic analysis can be used across a range of theoretical and epistemological approaches. It is through its “theoretical freedom” (p. 78), that thematic analysis offers a useful tool for researchers, providing the potential for a rich and comprehensive, account of data. During my analysis of the data, as I applied the techniques of thematic analysis, I wondered if a theory of motherhood was emerging from the collective experience of my participants. Therefore, I have also drawn upon some techniques of grounded theory analysis to support the findings of my thematic analysis, reasons that I now explain.

Grounded theory as an approach to analysis

Developed in the late 1960s, grounded theory is a “specific methodology for the purpose of constructing theory from data” (Corbin & Straus, 2008, p. 1). Wertz et al. (2011) expanded this, suggesting that grounded theory is “a systematic, inductive, iterative and comparative method of data analysis for the purpose of constructing a sociological theory” (p. 56). Tuckett (2005) suggests that “grounded theory goes beyond thematic analysis” (p. 76) and I found when using thematic analysis that a possible theory was emerging. However, due to sample limitations, the research cannot claim, to be ‘pure’ grounded theory (Tuckett, 2005). Therefore, I have used some techniques to collect and analyse the data.

Corbin and Strauss (2015) argue that regardless of how the data are collected, they are “analysed by the process of constant comparisons” (p. 7). A grounded theory analysis has systematic steps, which involve forming categories of information, choosing one of the categories and positioning it within a theoretical model, and then creating a story from the interconnections of these categories (Creswell, 2007). These techniques I have used in my thesis are all of the coding methods that I describe in more detail in the research design.

Corbin and Strauss (2015) propose that grounded theory is ideal for showing how individual people react to adverse events or problems differently. Often this involves “how logic and emotion combine to influence how a person responds to these events or handles problems” (p. 11) which in turn is influenced by the beliefs they hold. These comments aligned strongly with my hopes for my research project in relation to the social justice issues these young women faced. Given the discourse of teen mothers being constructed negatively and the fact that many teen mothers experience adverse events, I considered that using the techniques of

grounded theory might allow me to see the individual differences in how they handle that discourse.

In deciding on an appropriate methodology for my research project, I noted Creswell's (2013) advice regarding the purpose of qualitative research, which was "to learn about the issue from participants and engage in best practices to obtain the information" (p. 47). One of those best practices was to hold on to a social constructionist way of understanding conversations between a researcher and a participant realising that my questions would be shaping the young women's thinking about their motherhood experiences just from their wording and intent. This reinforces the importance of language and sense making as a communication between people sharing conceptions. This links techniques of grounded theory with an umbrella of a social constructionist methodology. With that advice as my guiding beacon, I was able to establish the features that I would include in my thesis. These features included data collection in a natural setting, and the involvement of multiple collection methods. I believed this would enable me to collect rich and varied data of the lives of the young women. In consideration of that process, I would also conduct my research by being a sensitive observer and an understanding listener when interviewing participants.

Furthermore, in the interviews, I would be encouraging the participants to tell their stories of being young mothers: their stories would comprise the main data for analysis. However, taking guidance from social constructionism I would attentively listen to the participants and gain an insight into how they constructed meaning from their lives, rather than create a picture from my own contrived meaning that came from my personal history and from what the literature had stated (Charmaz, 2006; Creswell, 2007, 2013; Tuckett, 2005). Holloway and Todres (2003) endorse such an approach. They are advocates for research practitioners who are more reflective, thoughtful, and who may represent diversity in both approach and

practice. They suggest by being explicitly reflective, the researcher “earns our consideration as a faithful mediator between group of people in their quest for understanding” (p. 356).

Finally, when relating the rich stories of the young mothers, I needed to protect their anonymity by applying thematic analysis to all data and explore whether a theory or model emerged from their collective understandings of what it is like to be a young mother.

This study, therefore, builds upon the qualitative research and adds to the knowledge base by exploring how young women who attend a Teen Parent Unit assume the role of what they call a ‘good mum’.

Chapter 4 will describe how this research project was designed and carried out.

Chapter 4

Research Design

The purpose of this chapter is to describe how the design of this research project was carried out. In this design chapter the components include the research settings, access to the participants and the process used to invite their participation, the data collection process (including the phases of this collection), and the analysis of the data. I then discuss the ethical considerations and issues of validity and trustworthiness. Finally, I introduce the participants in a way that helps the reader gain a picture of who the young women are before I present their voices namelessly in the findings chapters in order to protect their anonymity.

I will begin by restating the research questions to keep the reader informed of the purpose of this study.

1. How do young women who attend a Teen Parent Unit in Aotearoa New Zealand say others experience them as young mothers?
2. What do young women attending a Teen Parent Unit deem as helpful supports?
3. How do young women who attend a Teen Parent Unit in Aotearoa New Zealand say they experience themselves as young mothers?

The research settings

The research was located within two settings: the Teen Parent Unit (TPU) and the early childcare and education (ECE) centre that was adjacent to the Teen Parent Unit.

The Teen Parent Unit

The Teen Parent Unit was a purpose-built facility adjacent to a secondary school that opened in 2010 with 14 pregnant or mothering teens enrolled at the time I began my research. The Māori name for the Teen Parent Unit was gifted by the local iwi.

As well as everything being ‘under one roof’, the Teen Parent Unit programme philosophy was guided by four important values (described as Māori terms):

- whanaungatanga: being respectful of each other and our children;
- kotahitanga: being an active team member and helping each other;
- tūtika: taking ownership of my decisions and actions; and
- ngākaupai: creating a positive future for myself and my child.

These values were derived from the Wellbeing Framework (Durie, 1998) and *Ka Hikitia: Managing for Success* (Ministry of Education, 2008). The teachers in this setting sought to create an appropriate and responsive environment for learning by implementing the following principles. These principles are endorsed by Hindin-Miller (2012), and drawn from the culturally responsive pedagogy outlined by Bishop, Berryman, Cavanaugh and Teddy (2009); It is everyone’s right to feel safe, it is everyone’s right to learn, and it is everyone’s right to be treated with respect (Hindin-Miller, p. 82).

These values and principles helped to create an environment where the pregnant or parenting young woman could bring her life experiences into the classroom in complete safety. In the spirit of true partnership; the Teen Parent Unit worked collaboratively with the ECE centre and is a proud embodiment of these important principles and values.

The Early Childhood Education (ECE) Centre

The ECE centre was also built-for-purpose, attached to the Teen Parent Unit and could be accessed by the young mothers attending the Teen Parent Unit and the wider community. It provided education and care for infants, toddlers, and young children from the age of six weeks to five years of age. The centre was licensed for 35 children, although 28 children were enrolled at the time the study began. The Māori symbol for ‘new beginnings’ was appropriately chosen as the name of the centre. The centre’s philosophy statement is:

Through a primary caregiver approach, we give respect and understanding to each child’s unique character by providing a calm, quiet and unhurried environment, where children are able to experience wonderment and awe without interruption. Through collaboration with parents/whānau and the community, the Centre will be a place where children and adults learn and grow together.³

The philosophy aspires to respect and understand the uniqueness of each child through a primary caregiver approach. As described in Chapter 1, this approach is based on the seven principles of Emmi Pikler, renowned paediatrician, and her colleague Magda Gerber who developed the RIE approach to infant caregiving.

In Aotearoa New Zealand, the ECE policy statement that guides curriculum delivery is *Te Whāriki* (Ministry of Education 1996, 2017). *Te Whāriki* is a framework for providing children’s early learning and development within a sociocultural context. *Te Whāriki* envisages teachers in early learning settings working in partnerships with parents, whānau, and community to realise this vision. To support this *Te Whāriki* provides a framework of principles and strands. Each setting takes these principles and strands and, in partnership with parents and whānau, creates a holistic curriculum that is intended for their child’s learning

³ Information from the booklet for Parents/Caregivers.

(Ministry of Education, 2017). Reedy and Reedy (as cited in Ministry of Education, 2017)

believe that:

The real strength of *Te Whāriki* is its capacity to establish strong and durable foundations for every culture in Aotearoa New Zealand, and in the world...*Te Whāriki* rests on the theory that all children will succeed in education when the foundations to their learning are based on an understanding and a respect for their cultural roots (p. 15)

The Ministry of Education (1996, 2017) and Lee, Carr, Soutar, and Mitchell (2013) outline

key features of *Te Whāriki* saying it:

- is the first national curriculum statement for the ECE sector in Aotearoa New Zealand to improve the quality of early ECE;
- is an inclusive curriculum – it supports children from all backgrounds to grow up strong in identity, language, and culture;
- sets out an integrated and holistic approach to learning and development;
- applies to all licensed and chartered ECE services;
- protects the diversity of ECE services while, at the same time, defining common guiding principles and curriculum goals; and
- serves as a base for planning, assessing and evaluation.

Access to participants and selection

Careful thought was given to my approach and entry into the research field. It was not a simple matter of approaching the young mothers directly. The Teen Parent Unit was located adjacent to a secondary school with the ECE centre located within the same structure. In order to gain access to work in these settings, I needed to gain consent from the principal and board of trustees of the school and the manager of the ECE centre. Information about the research project and a request to conduct the study within their educational settings was sent (Appendix A), along with consent forms (Appendix B).

In consultation with the head teachers of the Teen Parent Unit and the ECE centre, I offered my expertise as a fellow student of Magda Gerber to provide insight of the RIE philosophy to

the students who were enrolled in the Teen Parent Unit and to the ECE staff. Since I had chosen to do my thesis in this unique setting, I was provided access and availability to participants. However, there was no guarantee of participation.

Process followed to introduce the research invitation

It was suggested by the teacher of the Teen Parent Unit that I meet with the young women who were enrolled in the Teen Parent Unit during the first year that I conducted my study. On the day that I explained my study, ten students were present.

I explained the study to this group of young women verbally and answered any questions they had. Following this discussion, I provided them with a letter explaining the study and the consent forms. They were informed about the main objectives of the study, and what they would be asked to do as participants. I also provided my contact details if any questions or concerns should arise. I suggested that the young women take some time to read and think about taking part in the research. I explained that they had a right to withdraw from the study at any time and their right to have any information that they had provided, but later did not wish to be included, removed. I explained the concepts of anonymity and confidentiality, and how these would be maintained by changing their names and any identifying information. These procedures were presented and accepted by the University of Canterbury Educational Research Human Ethics Committee (Appendix C).

Of the ten students present on the day I explained the study, nine agreed to participate in the study.

Data collection process

Following the tradition of qualitative research and narrative inquiry, I utilised multiple forms of data collection (Clandinin & Connelly, 2000; Creswell, 2007, 2013; Lichtman, 2013), such as participant observations, field notes/journal, individual conversational interviews, peer reviews, attendance at events at the ECE centre, school documents, and official Education Review Office (ERO)⁴ reports.

Narrative anthropologist

When I began my data collection, I considered my role to be that of a “narrative anthropologist” (p. 71), a term which Clandinin and Connelly (2000) use to describe the time spent in the field conducting observations, collecting anecdotal information, and being “flexible and open to an ever-changing landscape” (p. 71). I reflected on this term and thought of the meaning of the word anthropologist – someone who studies human beings and their customs (Oxford Dictionary, 1995). Clandinin and Connelly (2000) suggest that as a narrative anthropologist one enters the inquiry field living their story. The authors explain:

As researchers, we come into each new inquiry field living our stories. Our participants also enter the inquiry field in the midst of living their stories. Their lives did not begin the day we arrive, nor do they end as we leave. Their lives continue. (p. 64).

As did mine, only differently. It is the design and process of narrative inquiry to evoke change from the stories we tell, and the stories we live. After negotiating a purpose during my time in the field, I was able to get a picture of the landscapes of both settings by observing a range of activities such as, daily routines, intake interviews, parenting classes, and special

⁴ The Education Review Office (ERO) is a government-funded agency that review early childhood education settings and schools on a regular basis.

events, such as the ECE centre's 'first birthday' and holiday celebrations. I was also able to reflect on my own story and how this may influence the ways in which I was getting the picture. For Clandinin and Connelly (2000) a narrative researcher in the field "negotiates a way to be useful" (p. 75). I interpreted this to mean that I should consider how I could contribute to the research setting. As I worked through the data collection and interpretation, I found this technique allowed me to engage in the process of reciprocity – the "giving back to participants for their time and effort" (Creswell, 2013, p. 55). For me it was 'paying it forward'. Initially, as I waited for ethical approval to begin my data collection, I offered the young mothers and the early childhood education centre something—my knowledge and experience of the RIE philosophy—in the form of a dialogue group.

For clarity, I will describe the process of the data collection in three phases.

Phase 1: March – August 2011

Dialogue groups (Prior to ethical approval)

The dialogue groups developed from the first session I held with the young mothers in which I explained the RIE approach/philosophy. Initially, the purpose of these group discussions was for the young mothers to discuss specific topics or aspects related to my experience of the RIE approach. It was during the first group session that young mothers asked questions of infant and toddler care and development beyond the scope of my presentation. The positive response to this informal group session resulted in my offering to facilitate dialogue groups with the young mothers where they could discuss any topic of interest. I held four dialogue groups between March 2011 and August 2011 prior to ethical approval. The dialogue groups were open to all of the students enrolled in the Teen Parent Unit and consisted of 6-10 pregnant or parenting young mothers per session. I did consider using these as a method of

data collection; however, the nature of my role was not a researcher during these groups. I observed and heard things that I did not record for the purpose of data analysis because I did not have ethical approval at this time.

The purpose of facilitating dialogue groups was twofold. I wanted to establish rapport with the participants and gain inside knowledge of their lives (Andrews et al., 2008; Taylor, Bogdan, & De Vault, 2016; Lofland, Snow, Anderson, & Lofland, 2006). The dialogue groups were instrumental in us getting to know each other, and for me to learn about their lives. Therefore, the socio-historical contexts of the participants' lives, and trust created with the participants were important for preparing for the forthcoming interviews (Fraser, 2004). An advantage of the dialogue groups for the young mothers was that it paved the way for the individual interviews; it was a shared conversation that may have helped them relax when they were being interviewed individually. A difference between the dialogue groups and the individual interviews was that the participants had the opportunity to *hear* each other. By participating in the dialogue groups, what the young mothers were sharing and what was *heard* was being affected by social interactions. As a result, the young mothers were constructing meaning based on those interactions— a good example of social construction.

Phase 2: September 2011- June 2012:

Pilot study and two dialogue groups (after ethical approval)

After my initial year of gaining trust, I wanted to start individual interviews. I developed an interview schedule (Appendix D) which included topics that were open-ended and designed so that the participants could tell their own stories. It included specific questions related to their history, pregnancy, relationships, and the needs of being mothers at a young age. I also

collected information about their demographics (Appendix E) such as their age, ethnicity, and source(s) of income.

Two participants were selected as a pilot study for my interview schedule. Unfortunately, after I completed the first interview in April, the second participant left the Teen Parent Unit. However, this one interview served the purpose of revising my interview questions and encouraged my need to be flexible and resourceful in my expectations of participant availability/participation. This supports the position of Yin (2009) and Creswell (2013) who recommend pilot tests to assist the researcher in not only refining their data collection plans, by developing research instruments and relevant lines of questions, but also in assessing the degree of researcher bias.

My final two dialogue groups were held after I had received ethical approval. After I had gained ethical approval and at that time, I started compiling a reflective journal in which I noted some comments that were made as part of the dialogue groups. As I had not used dialogue groups as the main data collecting method – I did not tape them, and therefore had no verbatim excerpts. Nevertheless, when I started to analyse the data, I looked back at my journal notes to see if anything said during these final dialogue groups, held during Phase 2, contradicted what was said in the individual interviews (Phase 3).

Interestingly, I entered this research project attempting to find out the needs and strengths of young mothers, however, it was through facilitating the dialogue groups that I became aware of some of the positive self-identifying aspects of being a mother that the young mothers recognised and discussed. This, in turn, enabled me to focus some of the interview on their value of being a mother.

My research journal was instrumental in enabling me to make notes on topics/themes that emerged during these groups, record impressions, theorise and contribute to the development of the revised interview guide. The information from two dialogue groups conducted after I received ethical approval and the responses of participants in my study were used to strengthen the data collected through interviews. I would like to emphasise that the notes made after these two final dialogue groups did not contrast with that of interviews – as stated above, these two dialogue groups encouraged me to focus on some previously unconsidered identity aspects and the excerpts support those that emerged in the interviews. My interpretation of what the young women said during their interviews was influenced by my facilitation of these groups.

The font used for reporting excerpts from the two final dialogue groups that reinforced what the young mothers shared in their interviews will be Trebuchet MT (11 point).

Phase 3: March - September 2013

Interviews

In-depth conversations with a sequential organising framework were the main method of data collection. In consultation with the head teacher and the young women, interviews were conducted on Monday afternoons. The interviews were conducted in the whānau (family) room of the Teen Parent Unit. This area was adjacent to the classroom and designed for students and their children to meet in private with representatives from outside agencies. Each interview lasted between one and two hours. The interview questions covered significant life events, their pregnancy, relationships, and their experiences of being mothers at a young age (Appendix F). The sequential framework of the interview ensured that the

same topics were discussed with each young woman but was flexible enough to encourage them to freely express the thoughts, ideas and incidents that were important to them.

After the pilot study, four of the original nine participants were available to be interviewed; four young women had left the Teen Parent Unit, and one did not keep multiple appointments due to significant life factors at the time, such as relationship difficulties, and housing insecurity. During the time that I was conducting interviews, one participant told her friend who had previously left the Teen Parent Unit, but had since returned, about the study and she became one of the participants. A newly enrolled young mother asked if she could be interviewed and I agreed. Therefore, I interviewed six young women.

My initial intention was to conduct two interviews with each participant; however, this was not possible, as it took much longer to interview the six participants, which left little time to complete the second interview with the same young women. This was further complicated when some of the participants left the programme before the end of the year. My attempts to set up second interviews with those young mothers were unsuccessful. For this reason, I also attempted to include focus groups as a data collection method so that I could hear the stories of more participants. Unfortunately, the first focus group had to be cancelled and only one participant attended the second focus group. However, I used this opportunity to check the themes that had emerged from her individual interview. The data available for analysis therefore comprised six interviews from phase 3, a transcript from a pilot interview and notes recalled after two dialogue groups.

The above section on data collection highlights two aspects. The first is the challenge of gathering a complete set of data. Life events for both participants and the researcher interrupted the planned process. The second aspect reflects the lived experiences of teen

mothers who attend a Teen Parent Unit. Despite their intentions, or commitments to a process, things happened to them, their children, or their living conditions that affected their ability to participate in the research. For some teen mothers, I realised that taking part in this research may have felt like an imposition at times. I consider that the information in this paragraph helps describe, without judgement, something of the lived experiences of the young women who participated in my research. Their lived experiences contributed to my awareness that these represent issues of social justice such as access to education, poverty and homelessness.

Analysis of the data

The emergent characteristics of qualitative research stress that data analysis be initiated as data are collected. I have drawn upon the emergent approach (Taylor, et al., 2016) or on-going analysis of data through simultaneous review of data, identification of emerging themes, followed by coding (Bogdan & Biklen, 2007; Denzin & Lincoln, 2011; Riessman, 1993). Initially, the three techniques of narrative data analysis suggested by Riessman (1993) were applied to the study; namely attending, telling and transcribing.

Attending

I attended to the participants' experiences by seeking to understand what their needs and strengths were as they transitioned to motherhood. This understanding was gained from the interviews and each participant's response(s) to the request to, 'Tell me your life story'. At times, the conversational interview stalled, an awkward silence permeated the air. I waited and gave the young woman the time to collect her thoughts, I drew on my intuitiveness whether to use minimal encouragers, i.e. a smile, or phrases such as 'go on' or 'is there more'? On some occasions the use of nonverbal utterances, such as uhm, uh-huh, nodding of

the head, by either the researcher or participant served as a prompt for further dialogue at a later time.

Telling

The young women's eagerness to tell their stories, and my desire to hear their experiences facilitated the co-construction of their narrative. This aligned with Jarrett's (1992) suggestion that when a researcher is positioned as a listener, interviews can be viewed as "conversations with a purpose" (Jarrett, 1992, p. 177). For some of the participants, it appeared that the sheer act of talking about their experiences appeared to allow them to create a 'self' or how they wanted to be known (Riessman, 1993).

The participants' telling of their stories was shaped by how they recounted their experiences, but also by the interaction with me, the researcher, during the interview itself. This contributed to what Mishler (1986, p. 59) describes as a negotiated "shared meaning" which involves reformulating questions and answers to arrive at an acceptable place of understanding. This stage proved to be critical in the process. To make this process authentic, I needed to be 'in the moment' with the young women and wait, rather than always probing with follow-up questions. This waiting and letting the participants speak freely allowed them to control what they wished to share.

I was conscious of making the interviews emotionally safe for the participants. There were times when it became uncomfortable for the young mother to continue, or to include all events of her story because she feared they might be too unacceptable to share, or that I may not understand. For example, during the interview one young mother shook her head saying, "I won't go there." There were also times of tension during the interview when I chose not to probe further, being cautious not to tread on painful events. At times, this left an awkward

silence. These moments demonstrate the empathy of the interaction between the young mother and me (the researcher).

The following is a journal entry that described the concern I had in keeping the participants emotionally safe during the interview process.

Whew, that was an emotional roller coaster with Teina (pseudonym) today. She delved deep into her childhood and spoke of things that she hadn't thought about in a long time, and had never discussed with anybody else. I feel privileged that she would share such details of her life with me, but also a bit concerned that this would trigger a shadow (a dark place, such as depression) making it difficult to cope afterwards. I made sure I ended the interview on a positive note. She left laughing, describing an incident that happened over the weekend. I made sure to let the teacher of the Teen Parent Unit, Kathy (pseudonym), know my concern and asked her to keep an eye on her. Kathy and I discussed the need for support services for the teen mums and if any were available.

Transcribing

The interviews were audio-recorded, and I transcribed them verbatim. I tried to capture how words were spoken, i.e., the inflection of the participant's speech, which words were enunciated, the use of slang, and the false starts. Occurrences of nonverbal utterances, such as facial expressions (eye rolling), laughter, tears, sighs, or long periods of silence were noted in brackets.

The format for data analysis

Stage 1: Pilot interview April 2012 (and two dialogue groups)

After I completed the pilot interview, I wrote in my reflective journal any impressions, thoughts, or questions that I might wish to explore in subsequent interviews. Qualitative data analysis “involves a kind of transformative process in which raw data are turned into results or findings” (Lofland et al, 2006, p. 195). The data were organised and managed manually by

+me. My first step in the data analysis process was to transform the conversational interview into a written transcript. After, I completed the transcript, I carefully listened to the recorded interview while reading and rereading the transcript. I then went back to the transcript and began coding the data. Coding is the hallmark of qualitative research (Bogdan, & Biklen, 2007; Creswell, 2013; Tuckett, 2005). This involved assigning labels to units of meaning in each excerpt (Tuckett, 2005).

These codes were assigned typically to phrases. I coded and made notes or memos of my interpretations in the right-hand side of the transcript page. This allowed me to summarise the transcript into key concepts and emerging themes. Emerging themes that were different from the original research questions were added to the guided interview questions to be explored in subsequent interviews. This coded transcript was then shared with my research supervisors as a form of code checking or endorsement. During this process, my research journal was a valuable tool to record my impressions of the coded data. For example, I devised a chart to include in my journal. The code was recorded in the left column, in the centre column was the verbatim text, and the right column included notations or symbols, such as MN (methodological note) as a note to myself- a reminder to review my strategies (Tuckett, 2005). This could be anything from ‘watch my tendency to answer for the young mothers (MN) to TN (theoretical note) ‘notes about how I understand the data’.

Code	Text	Notations
‘Things hard’ Perseverance	R: Can you tell me a little bit about that – that’s intriguing? P: <i>Yeah, I don’t know.... It’s like when things get hard I just think of him</i> R: Would you say he motivates you?	(TN) – What it’s like to be a mum-life as a mum perseverance/responsibility?? I am leading with this question!!! (MN)

Figure 1: Coding chart example from my journal

Stage 2: Individual conversational interviews (March-September 2013)

Before I began the interviews, I read and reread my reflective journal especially the sections pertaining to observations I had made, field notes and the tentative codes I had applied when analysing the transcription of the pilot interview. One perception that emerged at this early stage was the strong value these young women placed on motherhood. This encouraged me to explore this in the subsequent interviews. After I conducted the first interview, I transcribed it and listened to the interview again while comparing the written transcript for accuracy. I then began the coding process in a similar manner to the pilot interview. Instead of dissecting participants’ transcripts (narratives) line by line, I chose to use sections of dialogue to code (Appendix G).

I then interviewed the second and third participants before having the opportunity to transcribe the second participant’s interview. It was at this time that the processes of gathering data, transcribing interviews, and analysing the data happened concurrently. As I became immersed in the data, I detected the nuances of the research-participant relationship. For example, I noticed when there was reciprocity in the conversation. There were times when we mutually encouraged each other, such as when I encouraged a participant:

Donna: Is everything okay?
Teen mum: Yeah, it's ...just...
Donna: (Nodding). I know. It's your story. You tell it your way.
Teen mum: Exhales. Yeah nah. It's not gonna be pretty...it was like...

There were other occasions where participants encouraged me:

Donna: I'm not sure if I asked you this already?...
Teen mum: What is it? About Phoenix's (pseudonym) dad?
Donna: ...Um yeah (hesitant)
Teen mum: It's all good. I'll talk about him now. What do you want to know?

The above examples highlight the iterative process of having a conversation, the stops and starts, the 'getting to know one another'; the trust and revisiting topics enabled the interview to flow as more of a dialogue, rather than an interview.

Similar to the process described in the pilot interview, I then coded the data looking for meaning units. I then searched for ways to reduce the number of codes in the process that generated themes. Braun and Clarke (2006) claim that "a theme captures something important about the data in relationship to the research questions, and represents some level of patterned response of meaning within the data set." (p. 82). As the coding, theme generation and interviewing occurred simultaneously, it is challenging to note exactly when I felt that the number of themes reflected the main aspects of lived experience according to the young women.

I analysed the themes by drawing on the processes promoted by Gibson and Brown (2009) "investigating commonality; investigating difference; and investigating relationships" (pp. 128-129). For instance, one theme that was prominent throughout my data set was the need for support. Within this theme (and others), similarities and variances were explored in addition to how support was associated to other themes. Relationships between data were established, which led to coded data being linked and progressively unified. Then each data

set was reconsidered and patterns were explored. I then went back to my research journal to consider my notes; together with the Search/Find function of Microsoft Word I was able to develop an initial theme chart.

Using “latent or (interpretive codes)” (Terry, Hayfield, Clarke & Braun, 2017, p. 26), I coded the data going beyond the meanings expressed by young women, to the underlying patterns/stories in the data. This process requires a researcher to apply the theoretical framework on the data requiring more interpretation or insight (Terry et al., 2017). I therefore examined the data for similarities and anomalies within the themes that were produced. In this stage, I explored the relationships of categories to each other by making connections between them. I listed the themes and reviewed the data set to identify both properties and dimensions of each theme with evidence from the data. Next, I wanted to ask questions of the data to be sure I was analysing it as carefully as possible. I wanted to be sure I was ‘seeing the data’ as accurately as possible. Strauss and Corbin (1990) describe this as theoretical sensitivity—moving from a descriptive level to the analytical.

My interpretation of how the young women took on the role of becoming a mother provided the framework for organising the findings. Because my methodology was social constructionism, I was motivated to start my interpretation using the metaphor presented by several of the young mothers, that of a journey. Initially, during my time in the field where I observed the young mothers, I was an “enlightened witness” (Miller, 1988) of this journey (research setting). Being an ‘enlightened witness’ gave me the opportunity to witness the experiences, changes or transformation that the young women experienced on their journey of becoming a good mum.

Later it was confirmed in their telling (data collection) of ‘making their way’, (which is one definition of a journey). To me this offered me a way to present the data as a ‘story’ of the young women’s journey of becoming what they termed a ‘good’ mum. I began by organising the data in terms of ‘becoming a young mother’⁵. I then moved from one young mother’s story to another, checking that each new account confirmed the main features of the previous accounts, of ‘becoming a young mother’. In other words, by identifying the common elements in the trajectories of the different young mothers I developed what may be thought of as a collective story. According to Elliott (2005), the ‘collective story’ represents the shared experiences and reveals the important features underpinning each individual’s experiences.

One question that I asked the young women during the interview was, ‘If you were to write a letter to your child that s/he was to open on her/his 13th birthday what would it say?’ (Appendix F). My reason for asking this question was to explore the ways in which the young women constructed the key elements of their identity as a mother. Although the young women did not actually write such a letter, their responses were analysed for concepts/themes and in Chapter 7, their responses are presented in the form of a letter.

As noted above, I took the opportunity of a scheduled focus group to solicit feedback from the one participant who was able to attend to check on the accuracy of my initial interpretations. I also used regular debriefings with my supervisors throughout the analysis stage to interpret data collected from interviews and observations, to strengthen my

⁵ I refer to the participants as ‘young mothers’ acknowledging my admiration and respect. However, they often referred to themselves as teen mums, so I respected their way of referring to themselves in the chapters that their voices are shared. The young mothers themselves do not see the term ‘teen mums’ in negative terms. However, I have observed society still holding onto a negative connotation of ‘teen mums’ which may have implications under the social justice rubric.

understanding of the sociocultural context of Aotearoa New Zealand, and to discuss concepts and emerging themes as a form of code checking.

I asked the participants to read the transcript of their interview as a form of “member checking” of my record of their words (Birt, Scott, Cavers, Campbell, & Walter, 2016).

Member checking is a technique for exploring the credibility of results, also known as participant validation where “Data or results are returned to participants to check for accuracy and resonance with their experiences” (Birt et al., 2016, p. 1802). Two participants clarified sections of their transcript and another participant provided valuable insight about what sharing her story had meant to her. After reading her transcript, she was quiet for a moment and said, “Wow, I didn’t know I said that much. I guess there’s really been a change in me, aye. Guess it must have been everything I’ve been through. Thanks for letting me tell it.”

This process demonstrated the iterative process of constructionist research where conversations followed by participants’ reading of the written account, and further conversations lead to a shared meaning. In this way, “the fit between their [researcher’s] interpretations and their subjects’ understanding” (Mishler, 1986, p. 125) functions as a validity check on a researcher’s data collection.

Initially in my data analysis, I began writing one of the participant’s interviews as her story (journey). However, I soon realised that without a second or subsequent interview, this story was only partial and that presenting it as a story might undervalue what she talked about because of omissions. More importantly, I was aware that presenting my data as individual narratives meant that the participants’ anonymity could not be assured. For these reasons, I decided that presenting the findings thematically would retain anonymity and enable important parts of each participant’s story to shine. I was, however, mindful of the potential for the use of themes to suggest that all young mothers displayed a particular attribute.

Because this was not the case, I decided to return to the data to explore individual differences and commonalities.

Stage 3: A change in approach

When I began to make comparisons across the young women's stories, from observations and other sources, a particular similarity that seemed to emerge was the concept expressed by all participants that they took on the role of a 'good' mum. Co-construction of meaning about what it means to be a good mum permeate my thesis. Together through interaction and dialogue with the participants, we were developing shared understandings of becoming a 'good mum'. I wondered if they had discussed such matters before or if through my presence it was one of the only times they had a chance to have such a conversation. Through our interactions, the young mothers were making sense of their experience as they verbalised it at the same time as I, the researcher was making meaning as I listened to their views of what it meant to be a young mother. Together, we were co-constructing and making sense of what the participants' lived reality was.

When my thematic analysis was quite advanced, I wondered if my data were indicating the development of a theoretical construct of a 'good' mother. Using the guidance of Charmaz (2006) who suggests that grounded theories are (socially) constructed through interaction of the data with the researcher, I decided to return and recode the data set. I subsequently reworked the data breaking the transcripts into chunks that I analysed, recoded, and reorganized under particular themes to create new understanding of the topic. Through this process, I had reviewed the findings "disassembling and reassembling" them (Ezzy, 2002, p. 94), both methodically and meticulously. Charmaz (2006) regards this part of the process as "seeing possibilities, establishing connections, and asking questions" (p. 135) and describes this as being "theoretical playful" (p. 71), allowing researchers to try out ideas and see where

they may lead. For example, the theme ‘resilience’ was re-examined and I recoded some data as a critical incident. I then looked at the overarching theme of becoming a ‘good’ mum through a transformative lens. This enabled me to identify the critical factors that had led to this transformation. I challenged myself to see the extraordinary in the ordinary, or “the novel in the mundane” (Charmaz, 2006, p. 136). This was evident when the young women were asked “What has motherhood given to you?” Responses to this were varied such as some young mothers’ references to feeling complete. Their sense of *completeness* suggested to me a conceptual model that was bounded by a circle -because circles have no beginnings and no end. In a sense, they were complete, but they are also always becoming (see p. 233).

Once this was done, my analysis was completed. I developed a final chart to list evidence for each category among the young women’s stories. The chart was used to organise evidence and quotes for the presentation of my findings. Through this interchange of inductive and deductive thinking, the data verified the findings. That is, a category/theme (i.e., beyond self) was identified and a ‘theory’ or conceptual model was constructed, the data were reviewed for evidence.

Ethical considerations: Aroha – acting with honourable intent

Any research involving human participants must conform to a number of ethical principles, such as informed consent, confidentiality, anonymity, and the minimization of risk (Bogdan & Biklen, 2007). I now show how I addressed each one as well as taking into account of cultural safety and responsibility to the Treaty of Waitangi in the design of this study.

Informed consent

Informed consent involves informing the participants involved in the research project as honestly and clearly as possible about the purpose of the project (Creswell, 2007; Lichtman, 2013; Mutch, 2013; Smith et al., 2009). I met this requirement by verbally explaining the study to a group of potential participants as outlined earlier. Participants were also required to read an information letter and sign a consent form.

Confidentiality and Anonymity

As the research took place in one region of New Zealand, I needed to ensure the rights to privacy and anonymity to these participants who had shared intimate, poignant details of their lives. Originally, I invited the young mothers to select a pseudonym of their choice to provide anonymity. I later decided against individual reporting (for a fuller explanation see pp. 114-5).

Another way I ensured that the data the participants provided remained confidential was to store all interviews, transcripts, research journal, photos, and notes in a locked cabinet in my office, with the key kept in a separate location. I am the only person who has access to the contents. All transcripts will be shredded three years after the thesis has been submitted.

Limitation of risk

Another ethical consideration included a concern about the possibility of causing harm to participants from recounting their experiences. Researchers conducting qualitative studies must be mindful of the sensitive nature of qualitative research, and that ethical dilemmas can arise when collecting and/or disseminating the results (Andrews et al., 2008; Creswell, 2013;

Lichtman, 2013; Smith et al., 2009. Lichtman (2013) reminds researchers that participants should be treated with respect, and as researchers, we are bound by a code of conduct.

For this reason, I was very conscious that some of the questions I asked might encourage disclosure of sensitive content by the young mothers themselves, i.e., the experience of losing a parent, incidences of child abuse, rejection, and mental health issues. I decided that I did not want to push the participants. I had to use my best judgement and intuition to keep them emotionally safe and I needed to make sure there was a support system in place for them. I was cautious to tread carefully throughout the interview process. If, for any reason, the content of the interview became too uncomfortable for the participant, I would offer to end the interview and reschedule it. I also spoke to the head teacher of the Teen Parent Unit to arrange for support services to be available to the young mothers if required.

Cultural safety

Another aspect as a Pākehā researcher (a non-Māori person of European descent) I needed to consider was how to ensure the cultural safety of the young mothers who identified as Māori and wished to be part of the study. The fact that I was a Pākehā researcher from a foreign country - an ‘outsider’ undertaking research in Aotearoa New Zealand, meant that I needed to give this careful consideration. In Aotearoa New Zealand, there has been a history of some Māori researchers contesting Pākehā involvement in research with Māori participants. This discontent was partly due to both the processes and outcomes of research conducted by non-Māori (Barns, 2013; Cram 1997, 2001). Cram (1997) discusses that this challenge may stem from some Māori researchers who assert, “Pākehā researchers do not merely hold up a mirror to reflect the reality of Māori, [but instead] their point of view of Māori is filtered through their own values, circumstances, research training, privilege, etc.” (p. 7).

I sought advice on this matter from Māori staff at the university who offered their views of the issues of including Māori participants in research conducted by Pākehā academics. To address the issue, I engaged in the cultural competencies that I was acquiring as a provisionally registered teacher in Aotearoa New Zealand to manage the cultural safety of the Māori participants. These cultural competencies are ako, wānanga, tangata whenauatanga, manaakitanga, and whanaungatanga (MoE, 2011, p. 5). The sociocultural context of education within Aotearoa New Zealand highlights the importance of building relationships. In te ao Māori this “process is referred to as whakawhanaungatanga” (Ritchie & Rau, 2006, p. 5), and is an important culturally responsive approach for effective teaching and learning (MoE, 2011). I had been in the setting for over a year and, for many of the young mothers, I was there during their pregnancies, the birth of their child, and during the first year of their child’s life. I was a part of their experience. They shared their joys, disappointments, heartaches and successes with me. Throughout the year, I was able to develop the sensitivity and responsiveness towards the cultural backgrounds and experiences of not only the Māori young mothers, but also all the young mothers. Because of these whanaungatanga (relationships), I felt that it was in the best interest of all the young mothers that anyone who wanted to share their story was included in the research, and for no one to be excluded or ‘silenced’.

I was acting in the spirit of kotahitanga, one of the values underpinning the philosophy of the Teen Parent Unit, a bicultural concept advocating, “becoming one of many, where a sense of unity and inclusiveness is created within the classroom and school by recognising everyone’s mana” (MacFarlane, et al., 2007, p. 67). Moreover, I was treating each participant with manaakitanga, a concept described by MacFarlane et al. that “embodies a type of caring that is reciprocal and unqualified, based on respect and kindness, and a ‘duty of care’” (p. 67).

Responsibility to the Treaty of Waitangi

In addition, I had the responsibility to uphold the principles of the Treaty of Waitangi during the time I was conducting my research. As a Pākehā woman living in Aotearoa New Zealand, I needed to be aware of my obligations under the Treaty of Waitangi. That is to recognise Māori as tangata whenua (people of the land), the indigenous people of Aotearoa New Zealand, and as a researcher, acknowledge the growing multicultural population of Aotearoa New Zealand, and the significance of living in a bicultural country. Mutch (2013) asks researchers to acknowledge our own “personal biographies, as we conduct research with, on, and for people whose theoretical perspectives and frames of reference are different from our own” (p. 66). I believed that through the actions highlighted above I was able to include the three principles, which form The Treaty - partnership, active protection and participation (Consedine & Consedine, 2001) in all aspects of the research process. Another aspect of the research process that I had to consider was conducting research in bicultural country.

Conducting research in Aotearoa New Zealand

Conducting research in a bicultural country presents challenges for a researcher who is from a different country and is considered an ‘other’. I worked conscientiously and diligently to not only learn about the sociocultural context of ECE in Aotearoa New Zealand, but also on how the bicultural context influenced both the Teen Parent Unit and the ECE settings. Although all of the participants in the study spoke English, te reo Māori is an official language of Aotearoa New Zealand. Not only did the participants use words and phrases in English that held a different meaning than what I expected, there were many Māori words and phrases that were incorporated in both settings that I did not understand. I looked to participants, staff in both settings, and university colleagues to support me with learning the language and

appropriate tikanga (customs) so that I did not do, or say, unintentionally something that might threaten the relationships and rapport I was building with the participants in my study.

As a researcher conducting a study within the bicultural context of Aotearoa New Zealand, I offered to share my mihi mihi [mihi] with the students, and the staff of the research settings. A mihi is a speech that serves as an introduction for others to get to know you. For tangata whenua (Māori people), a mihi is a greeting and tells people who you are and where you come from. In a mihi you make links to whakapapa (genealogy), your ancestors, the land, river, and marae (ceremonial place). As a Pākehā (non-Māori), I chose to include places that were important to me as an American – the state I was born in, where my grandparents originated from and parts of the New England landscape that held meaning for me. I also included in my mihi the names of my husband and children (Moorfield, 2011; Mead, 2003). The significance of this in the te ao Māori (Māori world) is to form a relationship. This Māori custom served as a statement to position myself, and a way to locate myself in the research process. It allowed me to make visible my own history, and the journey that led me to conduct this study at this specific time and place.

I was aware of my own personal and professional values, beliefs and biases that I brought to the research process. A qualitative researcher must attempt to assume a neutral role, yet always be conscious of the way they view and gather the data. I shared with the participants my own story of my third child, who was adopted by my husband and me when she was eight years old. Rosa was the four and a half-year-old daughter of a young mother, who had her parental rights terminated. From my experiences as a university student in the 1980s, I shared with the participants my internship experience at a residential emergency shelter care facility for infants and toddlers. This experience had a profound effect on my life's path. Lichtman

(2013) offers her ideas on the concept of self-disclosure explaining that when it is done carefully and appropriately, it can initiate authentic dialogue.

In te ao Māori this sharing of my whakapapa (genealogy), who I was and my intentions of being there (in that place) with the participants, is an important way to show respect and give credence to the individual. This also provided a way to be open and explicit about the purpose of my research. I explained that my purpose was to explore the needs and strengths of young mothers, not to look for, or confirm, a problem or concern. It was this opportunity to provide information about the objectives of the research that was clear and the fact that, from the beginning, it offered the participants aroha atu – respect. It was this aroha atu for the voices of the young women that I hope strengthened the relationship and offered credence to the integrity of the study and my genuineness as a researcher. This belief allows a natural segue to my next discussion – the role of a researcher in qualitative research.

Role of the researcher: Locating self

The sensitive nature of conducting qualitative research raises ethical considerations throughout the research process. Adhering to ethical principles ensures that the participants' rights are protected, and the roles and responsibilities of the researcher are clear. Creswell (2013) stresses the importance for a researcher working within a social justice framework to recognise their “powerful position [and] ... to admit that the participants are the true owners of the information collected” (p. 35). In qualitative research, the collection of data is dependent on the relationship between the researcher and the participants. Therefore, disclosure of the role and status of the researcher in the research setting must be made explicit. This ensures that there is no deceit, an ethical principle foremost in my mind that ensured that I would be honest about my intent and positionality.

Authors who write about positionality (Bourke, 2014; England, 1994; Herod, 1999; Williams & Morrow, 2009) argue that researchers may emphasise certain identities and positionalities and not others. According to Herod (1999) researchers can “self-consciously shift their positionality by either playing up or playing down such social distances between researcher and participant” (p. 321). As I reflected on my own position in terms of how I represent myself, I know that I am recognised and regarded by others in multiple ways and locations. I am a mother, a wife, a lecturer, a doctoral student, a provider, a woman from a middle class background, and an Irish-American. Drawing on Fonseca’s (2007) argument of positionality, I was also aware of the potential influence on my participants, and the research of my middle class and Catholic values, which are part of my identity. Being a former teacher of the blind and visually impaired and having worked with students with special rights, I found that I had developed specialised knowledge and a sensitivity that were useful in understanding how marginalized groups of students experience education.

In endeavouring to connect with the young mothers, I focused on my identity as a mother as I believed that this was my main point of affiliation with this group. I recollected on my own experiences of being a new mother, although I was very aware that my experiences were very different, I was married, 31 years old, and employed as an early childhood teacher when I had my first child. I could not know how the young women would perceive me, and I was nervous of not knowing what to do and fearful of making mistakes. Fonseca (2007) addresses the idea of being able to identify with the pressures and challenges that the young mothers faced while trying to manage various roles and responsibilities of mothering. I, too, was “wary of assuming that I could ever completely understand the infinite complexities of their lives as young mothers, living in a society that often casts judgement upon such a status” (p. 49).

Author sources (Bourke, 2014; Fonseca, 2007; Merriam et al., 2001) recommend finding ways to minimise the distance between the participant and researcher. In order to find a connection with the young mothers, I paid careful attention to the way I dressed, dressing casually by wearing leggings or jeans. Although the young mothers were initially cautious of my motives, they soon began to relax through the dialogue group meetings and their interviews, yet at times they appeared somewhat apprehensive with their responses. During the time I spent in the field, the young mothers were welcoming and sometimes related to me as another staff member. In hindsight, I believe that the young mothers may have thought of me as a social worker, a teacher or even a foreigner. I do not *know* for certain how these young women experienced me, but regardless, they appeared to trust me with intimate details of their lives. I acknowledge that I changed roles during this research project. I had a different role when I first entered the research field, one as an *expert* (ECE educator) when I facilitated a group discussions about the RIE approach and the dialogue groups. I then changed to the role of a *researcher* when conducting the individual interviews. This change may have influenced (biased) the answers that the young mothers provided. Therefore, I can never know how they selected to answer to the questions that I posed or guarantee that the young mothers' answers are actual accounts. However, I believe they spoke their *truth*.

Bourke (2014) suggests that positionality represents a space in which objectivism and subjectivism meet and notes that during the research process this space changes “as we reflect: on the development of an idea; on data collection; on findings, and; on implications” (p. 1). This extends the idea proposed by England (1994) that research represents a mediated space shaped by both the researcher and participants and reminds me of the caution given by Merriam et al. (2001) to remember that “positionality is determined by where one stands in relation to ‘the other’” (p. 411).

Fonseca (2007) similarly reminds researchers to be conscious of the impact their presence, personality, and perspectives has on participants and other aspects of the research process such as the data collection and analysis of the findings. Kezar (2002) argues, “Within positionality theory, it is acknowledged that people have multiple overlapping identities” (p. 96). Therefore, it is acknowledged that there are influences, which cannot be easily determined, on each phase of the research process because people make meaning from various aspects of their identity and the identities of both researcher and participants (Bourke (2014). These identities come into play by means of perceptions and awareness, not only of others, but also of the ways in which we expect others will perceive us.

Furthermore, our own biases have the potential to shape the research process, serving as spot checks along the way. “Through recognition of our biases, we presume to gain insights into how we might approach a research setting, members of particular groups, and how we might seek to engage with participants” (Bourke, 2014, p. 1). For this reason, I was careful to recognize my inherent biases (see pp. 63, 111, and Appendix H, p. 299) and endeavoured to be open and sensitive to the stories and the themes that emerged. The following section discusses reflexivity, the process of critical self-awareness (Riessman, 2008), and the impact of the decisions that I made during this research project.

Reflexivity

Palaganas, Sanchez, Molintas, and Caricativo (2017) offer an interpretation of reflexivity as “the analytic attention to the researcher’s role in qualitative research” (p. 427). Furthermore, the authors interpret reflexivity as both a process and a concept, as a process, reflexivity is “introspection on the role of subjectivity in the research process and as a concept [it] refers to a certain level of consciousness” (Palaganas et al., 2017, p. 427). Lather (2003) highlights

three aspects of reflexivity that are of key importance: the credibility of the researcher's interpretations, validity of the research findings, and that the theory constructed "will contribute to the growth of illuminating and change-enhancing social theory" (p. 191). Reflexivity requires a degree of self-awareness, which implies that, as qualitative researchers, we are fully involved in the research process with a need to acknowledge that we become part of the social context that we study (Clandinin, 2013; Lather, 2003; Palaganas et al., 2017). Palaganas et al. (2017) state, researchers in the field of social science are cautioned to take heed and not allow their own biases and assumptions to prejudice their analysis and interpretation of the data. This research journey has challenged me to engage in asymmetrical reflexivity. This is a process where the researcher considers how their prior beliefs, assumptions, history and position have been alerted or adjusted in some ways whilst interviewing the participants and reviewing the data (Lather, 2003; Mutch, 2013). I have had to reflect continuously throughout this study, recognising and considering how my background, culture, values, beliefs and assumptions could affect my research practice.

One way I endeavoured to attain a balance between reflectivity and subjectivity was by "bracketing" (Smith, Flowers, & Larkin, 2009) my known biases and using a reflective journal. Morrow (2005) describes bracketing as a process whereby the researcher becomes aware of their "implicit assumptions and predispositions by setting them aside to avoid having them unduly influence the research" (p. 254). To do this I engaged in a process that empowered me to recognise and reveal the preconceptions (subjectivity) I brought to the research. It has been through this process of reflexivity I have become aware that, in my own way, I may have inadvertently kept the dominant discourse of the plight of the young parent strong. Perhaps my focus, as an infant-mental health professional, drew me to that dominant discourse, and I unconsciously allowed it to frame my understanding of young mothers.

Therefore, by engaging in reflective dialogue, I examined my own understandings, and challenged perspectives and assumptions both about the social world and of myself, as the researcher.

Williams and Morrow (2009) maintain that both “bracketing and journaling can help researchers stay attuned to their own perspectives” (p. 579). This fosters the research process in ways that assists researchers to be cognizant that their own experiences are separate from their participants. As mentioned earlier, my worldview, belief system and ontological position had been established in advance and I have continuously engaged in asymmetrical reflexivity throughout the research process. I had no control of their (participants) perceptions of me as the researcher. I was cautious in my interpretation of what they said and attempted to bracket my bias as the knowledgeable other. A strategy I used for this was to limit my use of adjectives to those that were used by the young women, for example, ‘good’ mum.

Palaganas et al. (2017) believe that it is this practice that enriches not only the research process, but also its outcomes. The authors believe that the key of reflexivity is to make the relationships and influence between the researcher and the participants clear. It was through this process of reflection that I became aware that I was looking at the data through a constructionist lens. Indeed, themes began to emerge when I viewed the data through the lens of social construction.

Issues of validity and trustworthiness

Riessman (2008), and others (Clandinin & Connelly, 2000; Denzin & Lincoln, 2011; Polkinghorne, 1988) believe that good qualitative research persuades readers. Mutch (2013)

defines validity as “ensuring that a study actually measures what it sets out to do” (p. 11). Validity in qualitative research can be strengthened if researchers can present their data by means that establish that “the data are genuine, and the analytic interpretations of them are plausible, reasonable and most of all convincing” (p. 191). According to Carlson (2010) qualitative researchers consciously, and carefully, use a variety of procedures to ensure the research that they conduct is trustworthy. The purpose of this is to guarantee that the researcher has done everything conceivable to “ensure that data was [sic] ethically and properly collected, analysed and reported” (Carlson, 2010, p. 1103).

Throughout this study, I have made visible the methodological choices and decisions that I have implemented to ensure trustworthiness. In my analysis of the accounts of young mothers, I have identified points where the participants’ recollections converge thematically “creating a community of experience” (Riessman, 2008, p. 191). It was this community of experience that I chose to present. This, along with the analytic interpretation of the similarities and the differences of the young women’s accounts of their transition to motherhood, supports the trustworthiness of the research. In doing this study, I hoped that through the constancy of the young mother’s accounts, and my interpretive efforts with them, the validity of this study would be supported.

Williams and Morrows (2009) argue that in order to establish integrity of the data, evidence should be presented as to how the interpretations fit the data. One way is to use direct quotes to “exemplify the interpretations presented by the researchers” (p. 578). In my study, I included the voice through participant quotes and when presenting the findings I attempted to give much of the ‘story’/dialogue intact. In order to reveal how meaning is often co-constructed, I have chosen to include the direction of my questions as well as the young mother’s own words, to tell the stories they shared in our interviews. Riessman (2008)

believes that in writing up the data it is helpful to include “interview segments that include contexts of production ... which are generally more persuasive than quotations stripped of context” (p. 197).

I have discussed procedures, such as member checking of data by participants to increase the trustworthiness and validity of this research. Another facet of trustworthiness was discussing early coding decisions with a supervisor and my decision to keep a research journal as a way to encourage methodological consciousness. Riessman (2008) promotes the suggestion of Seale that keeping a journal during the research project “fosters ongoing reflexivity” (p. 191).

While the dominant discourse does not take cognisance of the many challenges, rewards, hopes, and successes experienced by young mothers, my hope is that the reader lets diversity flourish and, through experiencing the narratives/accounts of the young mothers will not view them as a stereotypical group, but acknowledge the great diversity within the group termed ‘young mothers’.

Introducing the participants

As a prelude to the findings’ chapters, I now include justification for the approach I have taken to introduce my research participants. In doing so, I am considering the ethical protocols of being genuine in my desire to maintain confidentiality and anonymity because the young women in this study may be considered vulnerable people, living in a small town. My main objective is to honour the whole person of each participant before presenting excerpts of their conversations, which may have the effect of dissecting their lives into fragments. This objective, however, presented me with a challenge. I contemplated using pseudonyms, but recognised the risk that a reader would be able to track the quotes of a

particular participant and identify who, for example, ‘Aracely’ was. As I struggled with how to present the participants in my thesis, I came across this journal entry:

Journal entry 28 May 2013

I have just finished the transcription of my first interview with Teina (pseudonym) and I am struck by the sense of courage and strength that she has shown in protecting her baby. I mean, she was so young at the time and she showed more nerve than many people twice her age. It is interesting that she still hasn’t chosen a pseudonym for me to use to tell her story. Until then I will use the name Pounamu – a Māori name for greenstone that is found in southern New Zealand. It is a taonga (a treasure) in the Māori culture. It is the name that comes to me when I hear her speak, and it embodies all that she is and will be.

It is at this point that I felt compelled to refer to each participant as a precious stone. I researched the meaning of a stone and I found that stones are always smooth and hard. I am not sure it is these qualities that I want to depict. However, Robert Thorson, in his book *Stone by Stone*, (Thorson, 2002) says a stone usually connotes either human handling or human use. This resonated with me. It is the human interaction that differentiates a stone from a rock. Therefore, I have chosen six precious stones to introduce the participants in my study – Ruby, Pounamu, Emerald, Sapphire, Opal and Pearl. After I have introduced the young women, these pseudonyms will no longer be used, even though, and throughout the write up of my thesis, they have remained with me as terms of endearment and, more importantly, as a reminder that I honour the words of the young women. I will be incorporating interview excerpts and examples of situations of individuals throughout the findings chapters, but these will not have names attached. This will be done in such a way that the background details will not make it possible to identify my six participants. I have also used pseudonyms for the participants’ children and the staff of the Teen Parent Unit and the ECE centre.

These descriptions were written by me and were drawn from observations, conversations, and my facilitation of dialogue groups during the two years I spent in the field. They are

‘snapshots’ of what life might be like for these young women in a general sense. I have attempted to capture the essence of ‘who they are’ by using the words some of them have used to describe themselves, their living situation, and the circumstances of their pregnancy, but also omitting things that would identify them. My intention has been to provide the reader with an impression of the diverse situations and experiences of the young mothers. While keeping in mind that each young mother’s situation was as unique as the individual, each participant made an invaluable contribution towards enhancing understandings of the young mother’s choices, actions, and feelings in their process of becoming a mum.

‘Ruby’ was nineteen years old at the time of her interview and identifies as a Kiwi (New Zealander of European descent). She is an effervescent young woman who has aspirations of getting a ‘good job’ to support her young child. Ruby described negative school experiences beginning in primary school, and eventually left school because of bullying. She was not attending school at the time of her pregnancy. Ruby became pregnant while in a relationship with her baby’s father. The relationship ended during her pregnancy when she discovered that he had cheated on her. Before attending the Teen Parent Unit, she had been provided with services from Plunket who suggested that she join Parents as First Teachers (PAFT), and then she came to the Teen Parent Unit when her baby was 8 months old. When I asked her what made her decide to come to the Teen Parent Unit she answered, “To get an education. So I can have a good job.”

‘Pounamu’ was seventeen years old at the time of her interview. She identifies as Māori and considers her ‘baby is her life’. She is “strong-willed”, independent and has persevered despite many challenges throughout her young life. She ‘fell pregnant’ while in a relationship, but her relationship ended soon after her child’s birth. Pounamu has had intermittent support from her family. She was not attending school at the time of her

pregnancy. She described her situation as “I met my baby’s dad at a party, and like got pregnant and then came back, had my baby, and then I was just moving all over the place.” Pounamu was one of the younger participants both in terms of her age when she became pregnant, and when she first enrolled in the Teen Parent Unit. When she was three months pregnant she was referred to the Teen Parent Unit by a public health nurse and then again after the birth of her child. Her attendance was often sporadic and she was ‘transient’ in nature.

‘Emerald’ was seventeen years old at the time of her interview and identified as being a New Zealander (of European descent). Emerald suffered from depression and saw a health professional during her pregnancy. Emerald had a ‘one night stand’, which resulted in pregnancy. Emerald was the oldest child in her family, which consisted of her parents and younger siblings until she became pregnant. The support she receives from her family is strong. She had been attending high school at the time she became pregnant and enrolled in the Teen Parent Unit when she was twelve weeks pregnant. Her reason for enrolling was to get an education. She spoke of the value that her parents placed on education. She described her situation, as “You know that obviously baby wasn’t planned, not at that age, but I’ll still make something out of my life.”

‘Sapphire’ was eighteen at the time of her interview New Zealander (of European descent). She was attending high school when she became pregnant after a ‘one night stand’ and although she wanted the relationship to continue, it did not. She enrolled in the Teen Parent Unit after a referral from a guidance counsellor. She has educational goals and clear life plans. She described a difficult time after the death of a family member and was treated for depression. She lived with her parent and step parent during her pregnancy, but felt the need

to move out after the birth of her child. When asked what brought her to the Teen Parent Unit she answered, “To establish a future.”

‘Opal’ was eighteen at the time of her interview and estranged from her family when she discovered that she was pregnant. She identified as both Kiwi (New Zealander) and English. The relationship with her child’s father ended before the birth of her child. Opal also described early school experiences where she was bullied. She was “kicked out” of her local high school and not attending school when she discovered that she was pregnant. Her midwife referred her to the Teen Parent Unit. Opal lived with friends during her pregnancy and moved back home for a short time after the birth of her child. When asked what brought her to the Teen Parent Unit, she answered, “To get an education, so I can have a better future.”

‘Pearl’ was eighteen at the time of her interview. She identified as New Zealander (of European descent). She was reticent around strangers, and reluctant to engage in conversation. She was in a relationship with her baby’s father, but it ended shortly after she became pregnant when she discovered that he was in another relationship. Pearl came to the Teen Parent Unit while she was pregnant and continued after the birth of her child. She resided with her parents and young siblings, and relied on her family for support. When asked the reason for coming to the Teen Parent Unit, she answered, “To finish my education.”

Summary

Although each of these young women is unique, they share some characteristics. Most were not attending school when they became pregnant. For all, their pregnancy was not planned and the relationship with their child’s father ended before the birth of their child or shortly thereafter. Some were referred to the Teen Parent Unit by health professionals, or family

members, and most considered that coming to the Teen Parent Unit would improve their education.

The descriptive narratives or accounts of these young women are arranged in three findings chapters. The first chapter provides details of the journey of becoming a mother, the second chapter explores the young women's perceptions of the Teen Parent Unit, and the third chapter describes the process of change that the young women experienced as a result of becoming a young mother.

Chapter 5:

Findings: Becoming a young mother

The main purpose of my conversational interviews with young women was to enable them to voice their experiences of being a young mother. Their descriptive accounts are arranged in three findings chapters. The first chapter (Chapter 5) provides their descriptions of the journey of becoming a mother, the second chapter (Chapter 6) explores the young women's perceptions of the Teen Parent Unit, and the third chapter (Chapter 7) describes the process of change that the young women experienced as a result of becoming a young mother. In these chapters, I am privileging the voices of the young mothers and their context. Therefore, I will reserve comparisons with the literature until the discussion chapter.

The journey of becoming a young mother

In this chapter, facets of the broader personal and social contexts that interconnect with the young mothers' lives are explored. The following accounts captured the young women's accounts of their pregnancies, births and experiences after giving birth. The young mothers in this study provided very individual and personal accounts of their experiences as mothers. Constructions of becoming a mother emerged as each young woman reflected differently on various aspects of their journey of becoming a young mother. The themes that emerged during the data analysis have been identified and are integrated throughout the chapter. I have chosen to include only the phases of journey that were included in all of the young mothers' stories. The main theme, 'becoming a mother', is presented in two parts: being pregnant as a teen includes reactions to pregnancy, the pressure to terminate, and the life inside. The second part, life as a young mother includes the challenges faced and the needs of young mothers.

All the young women found it difficult to decide where to begin their story.

Finding a starting point to begin their story

When I began this research, I assumed that the young mothers would want to talk about the challenges associated with young mothering. Therefore, I started by asking them about their needs. I found, however, that they did not respond to this question easily. I realised that my interview protocol may have unintentionally influenced the stories of the young women.

Therefore, I then invited the young mother to “Tell me your story”. Each young mother hesitated. Some looked at me awkwardly as they contemplated a decision about where to start and some requested, “Can you ask me questions?” or “Where do you want me to start?” I found the young mothers were reticent at the beginning of the interviews, despite having known me in the Teen Parent Unit for 12-18 months. Even though I thought I had established relationships with some of the young mothers, it appeared I was still viewed as an ‘adult outsider’. Some showed their reticence in other ways, for example signalling their preference for me to ask questions that they would answer.

In response to their reticence of knowing where to begin their stories, I suggested a visual ‘life timeline’ (Appendix H) as a frame of reference. I explained, “Some people, when they look back on their life, find that significant events stand out. I wonder if you could talk about what those were for you.” This seemed to help the young women find the ‘starting point’ of the story that they wanted to tell. It also revealed how each young woman viewed and understood her life at that point in time. On reflection, I noted that by offering the concept of a ‘significant life event’, the young mothers could consider not only what held significant meaning for them, but also what was important to them in regards to their relationships, their past, and their circumstances at the time.

As their stories unfolded, it became clear to me that the telling of each individual's journey of becoming a mum had a profound effect on the meaning making it held for them in the context of their life. A journal entry highlights this:

13 June 2013

...that was such an emotional moment when she finished telling me about the death of her mum. We were both very still and I was conscious not to rush in and fill the silence. I just waited. Then she began to cry ... silent tears, long flowing tears that she licked away as they fell by her mouth. I asked, 'What are the tears for?' and she answered, 'I don't know ... I guess I never knew how much I miss ... needed her until he was born'.

Later in the interview, I asked:

What do you think you needed the most when you first became a mum?

She answered: I guess it would have been my mum.

Most of the young women chose their pregnancy as the significant event to begin their stories. However, two young women chose another significant event, namely the unexpected death of a parent. I offer one participant's story of the unexpected death of a parent. I do so to highlight the diversity in their stories and to show that not all the young women chose their pregnancy as the first or most significant event in their journey to become a mother. I have included my questions and comments in plain text, while the participants' own words are written in italics. In addition, in these findings chapters, excerpts that come from the dialogue group are written in Trebuchet MS 11. This serves to highlight the co-constructive nature of the narrative.

I began: Some people when they look back over their life have significant events that stand out. I wonder if there are any that come to mind [I show the young mother the timeline]. Like on this timeline here.

Well ... the ... my dad passed away. He died with motor neuron disease. So, um, yeah, it was a pretty tragic thing that happened to us. He was sick for a long time. Six months we were told we were going to get, but we got 12 after he was diagnosed.

So you got 12 ...

12 hours.

So he was diagnosed ill and ...

They knew. He got diagnosed when he was in hospital and they said that he had motor neuron disease, but they said it, the progression ... we would have him for 12 months but not 18, but we had him for 12 hours after he was diagnosed.

Oh, wow, that was quite a shock.

Yeah.

That stands out, or it is significant?

I think it is significant because I was little daddy's girl and he was my dad, yeah.

He was your dad and are you ...?

I'm the youngest. Dad had a previous relationship and he had four other children and me and my brother with my mum.

And your brother was a little bit older than you.

Yup.

How did you cope with the news and ...?

I had a lot of anger and I ended up having to go to counselling because of my anger. But it has calmed down quite a lot since I had my child.

Oh, okay, so how do you think that...?

I think 'cos I have to put my child first instead of myself.

Why is that?

Because she needed me.

What is interesting in this story is that, by thinking of the significant event, the young mother was able to consider its meaning and the effect of it on her. As she shared her story of this difficult time in her young life, she was able to make sense of her grief and subsequent anger, and the effect that the anger had on others. It was toward the end of this exchange, that the young mother stopped chewing on her fingernail, looked at me and said:

I guess thinking about it now; I didn't want any of that anger [sic] for her.

It was during the telling of this significant event that the young mother was able to self-reflect on her anger and realise the potential it had to adversely affect her daughter. It was her behaviour, the tone in her voice and the language that she used which allowed me to have this interpretation and a glimpse of how she perceived her role as a mother. In this account, her decision was strongly influenced by what she believed was in the best interest of her daughter.

The other four participants selected either their pregnancy or the birth of their baby as the significant event to begin their 'life story'. Therefore, the remainder of the chapter is organised according to the sequence of the young mothers' stories as they replied to the guiding questions of their pregnancy and the subsequent birth of their child. This similar sequence of events in each participant's story served to provide an outline to present the findings of my research. Their stories tell the process of adaptation, or transition, in which they moved from being an adolescent to one of becoming a young mother. For many participants, this process often began on the day they realised they were pregnant. Beginning with this realisation, the participants described the context: the people who were involved, the decisions they faced, and their own feelings at that time.

What follows are the voices of the young women constructing meaning of an emotionally laden time in their lives. What they perceive as ‘their truth’ in becoming young mothers was constructed through their experiences and interactions and through language (conversations they had with others, and me) and the discourses that society has about them. These multiple influences therefore served to mediate their personal constructions of becoming a mother. The stories shared in this research project portray multiple dimensions of young women’s thoughts, feelings, and perceptions of the implications of becoming a young mother, which are underpinned by a number of social discourses that are personal to those concerned.

Most studies exploring the experiences of teen pregnancy and mothering have not highlighted the ways that individuals construct meaning of becoming a young mother. This may be due to the existing research studies having focused on studies of young mothers retrospectively. My intention, when designing this research project was to explore the process of becoming a young mother from just after conception through to life as a young mother by examining their needs and strengths throughout this journey. However, during the time I spent observing and talking with these young women, I saw and heard a lot more about the context of their lives. This rich data proved invaluable in furthering my understanding of these young women’s lives as young mothers.

Being pregnant as a teen

A teen pregnancy is often unplanned, and is less likely to have the support of a partner. All the participants in the study stated that their pregnancy was unplanned.

Reaction to pregnancy

The reaction of the young women when their pregnancy was confirmed was often a profoundly emotional one. Their responses when I asked the participants the question ‘What was your reaction when you first discovered that you were pregnant?’ were quite intense. Their feelings were often mixed – ranging from shock, distress, disbelief, and excitement to a gradual acceptance that a life was forming inside them.

Young women described their reaction after taking home pregnancy tests.

But, when I took that pregnancy test I was in shock for a few weeks. I didn't tell anybody about it.

Another shared her emotional state at the time and how the confirmation of her pregnancy brought her to tears.

I cried when I found out, but I think it was because ... I didn't know what to expect. I didn't know if it was a sad cry. I don't think it was a sad cry. It was just like a 'Wow, oh my gosh, what's happening to me sort of thing'.

The reaction of some revealed the various emotions that many teens face when their pregnancy is confirmed.

It's kinda like at first a massive shock. Then I was kinda quite happy and a bit angry all at once.

These excerpts, in particular, illustrate the young women's attempts at explaining their reaction to finding out that they are pregnant. In doing so, they show the complexity surrounding their emotional reactions. One described her reaction as a ‘shock’ then a more positive reaction to the news in terms of being “quite happy” to a “bit angry”. All of the above reactions were typical of the responses from the young mothers I interviewed and are supported by literature.

I freaked out. I thought: How the hell am I gonna look after a baby?

It was at this time when the young women were first confronted with the reality of being a pregnant teen and the dominant discourses that surround them. The reality of looking after a baby at a young age was often a sobering thought and led to some young women initially taking on the negative discourse that their age was a concern. These reactions illustrate a few of the contextual features that are important to consider when attempting to understand teen pregnancy. In the first excerpt, the young woman described ‘shock’ when her pregnancy was confirmed. Her decision not to tell anyone may have been related to the negative discourses surrounding teen pregnancy and parenting. Throughout this study, many of the young women followed a similar pattern when they described their responses to being pregnant. The uncertainty about what was to come or the array of emotions often resulted in the young women waiting to announce their pregnancy to family members.

Most of the young women who were still in school tended to hide their pregnancies from their families until they had come to terms with it on some level themselves. This behaviour was noted during a dialogue group discussion in which the young women shared anecdotes about how they ‘hid’ their pregnancy from others. As noted in Chapter 4, I have used a different font for comments made during these discussions. This allows for the recognition that construction of meaning was being shaped by social interactions among peers. An example from 14 May 2012 illustrated the early hiding of pregnancy:

Yeah, I couldn’t fit in my jeans. Nah. I was like, shit. I took to wearing trackies [track pants]. I wore those forever, and baggie tops. No one could tell [that I was pregnant].

Another young woman shared a similar reaction:

My cuzzie (cousin) said, 'Oh girl, you're packing on the weight. Look at that food baby. You need to cut down on the Maccas (McDonald's)'. She had no clue.

At this stage of the journey, it appeared that some participants seemed to be influenced by the negative discourses of teen pregnancy and parenting. One example of how they positioned themselves in relation to these dominant discourses was apprehension in disclosing their pregnancies, in spite of having made the decision to continue with their pregnancies.

The reaction of family members to the news was also often met with shock and disappointment. One young mother described the moment when she first told her family:

At first, everyone was kind of shocked and didn't react very well. And, like, my sister was quite angry. My brother was quite excited. That was pretty cool. And my parents were both rather disappointed.

The range of reactions expressed by the members of this young woman's family is indicative of the prevailing view of young motherhood in contemporary society. The anger, disappointment and shock all mirror a pervasive attitude that goes against the societal norm of the suitable age of motherhood.

However, for one young woman, the reaction of her father was different from what she expected:

Yeah, like I was upset at the start, but my dad wasn't, because it was the first grandchild and everything. So they were excited. Yeah, they wanted me to have the baby.

She was initially upset and faced a dilemma when her wish to keep her baby was opposed by her partner. However, her parents' reaction provided her with the resolve to proceed with her decision to have the baby. This finding is one of the anomalies in my study where a parent was actually pleased about their daughter's pregnancy. It highlights the diversity of

experiences of young women, especially when this is in contrast to the many other stories that were shared where the pressure to terminate was immediate and quite strong.

Once the young women shared the news of their unintended pregnancies, most of the parents or significant others in their life were forthright in seeking control of their young daughter's/partner's life and voiced their request for the young woman to seek termination.

The pressure to terminate the pregnancy

As the pregnancy became known and the news was shared with others, five of the young women were coaxed by others to pursue termination.

You're too young to have a baby, get rid of it.

While all the participants in this study chose to have their babies, all but one was encouraged to terminate by either family members or their partner. One young woman who did not consider terminating her pregnancy, (nor was it ever suggested by her family), explained the role that family history and religion played in her decision:

Um, well, my mum lost a few children before me, and my granddad was a deacon in the church. My mom is an X, we were baptised X. But me, me and my brother don't go to church so we're not ... [Researcher offers the word practising]. Yeah, practising so he ... Hang on, what's the question? (laughs). Oh yeah, so obviously in Christian beliefs you don't abort your child.

For the other five young women, the complexity of remaining pregnant was often linked to other relationships, and included various considerations and often-fervent conversations and/or confrontations between herself and others. The option to terminate their pregnancy was presented at different times and through a variety of people, including health care providers, parents, and partners. This is reflected in the following exchange between me and a young woman who was very young when she became pregnant.

What made you decide to continue with your pregnancy?

Well, I don't know. It's just that I don't believe in abortion. It's like killing – it's killing. They say it's not a baby, but it actually is. I didn't, I didn't want to give up my baby.

Oh, so did you make that decision pretty early?

I was keeping my baby as soon as I found out. I told people that I was keeping my baby, and they didn't like that.

Who didn't like that?

My mum, or anyone. I was way too young. They didn't ... they were trying to get me [to have an] abortion. But I was like – you couldn't force me to. 'Cos, it's not gonna happen.

This young woman's resolution to keep her baby regardless of the amount of pressure that she received from others to terminate her pregnancy was just one of the incidents in which she acted in defiance of the adults in her life. During a dialogue group, this mother made the comment. *"Yeah, no one was gonna tell me what to do with my baby. It's not like the 60s when my Nan's friend had to go and live in that home and they took the baby off her."* She was quite aware of the change in societal attitudes toward the rights of young people regarding decision-making in today's society, compared to previous generations. The young mother was not only aware of her rights, but was also willing to exercise them.

The stories of the young mothers about whether or not to terminate their pregnancies were made within a relational context. The decision to remain pregnant ultimately came down to the consideration of two people – themselves and their unborn child. For many participants, it was during a confrontation when they were challenged in their choice to remain pregnant, that they first 'stood up' for their child. Feeling pressured from her partner to have an abortion, one participant, aged 16, expressed her angst in deliberating whether or not to terminate her pregnancy. This is reflected in the following account:

He wanted me to abort. Well, I went half way through 'cos I had no job. I was still in school and had nothing, and I couldn't afford it. So I went half way through and booked the surgery and everything, but then I realised I couldn't do it. It was too hard. Having the abortion, I couldn't do it in the end. Nah. [Shakes head.] Yeah, I was always having second thoughts, but I was thinking of the dad, not myself. I wanted to have the baby, but he didn't.

The participants reflected on the feelings of either having received support by the individuals in their life regarding the decision to remain pregnant or feeling criticised, which subsequently led them to defy their parents or partner. The five participants who were encouraged to terminate did not offer anecdotes of how they felt supported during this time. On the contrary, one young mother perceived the 'support' offered by a medical agency as obstruction (i.e. dissuading her to continue with her pregnancy). In all of the young mothers' accounts, although unsure of what their futures held, the decision was made to continue with their pregnancies. This powerful act of agency, not only demonstrated the resistance to the dominant discourse of teen pregnancy, but served in their construction of their story about themselves as what they called a 'good mum', i.e. by deciding against termination.

Slowly, as the young women came to terms with the reality of being pregnant they also became aware of the physiological changes that were occurring as their pregnancy progressed. During a dialogue group, they joked about their 'boobs aching', and the veins that crisscrossed their breasts like 'mini rivers', or the weird food cravings. "I couldn't stop eating tomatoes with yoghurt, and I hate tomatoes." Along with the description of the changes — physical, emotional and relational the young women experienced on their journey of motherhood, it was the moment that they felt their baby move for the first time that was the most often shared experience.

Awareness of the life inside

At one point in the interview I asked, “Can you tell me about the time you first felt the baby move?” Four of the young women used the word ‘amazing’ to describe this moment. One participant described her experience in the following way:

I didn't actually tell anyone what was happening at the moment. I was sitting in the lounge with my mum and sister. I would have been about 14 weeks, and I could just feel him moving. And I'd never told anyone. I haven't told anyone actually. I just sat there really quietly. You know I just wanted it to be my first moment with my baby ... I could feel my baby and ...

Okay and what did that feel like?

It kind of felt like flutters. Like it was like something rolling in my stomach. I couldn't feel it from the outside yet. Like it wasn't kicks or anything yet. Yeah, it was movements, and it kind of made it all real to me. You know like there's actually a baby in there. I had a scan and I'd seen there was a jelly-bean size thing in there (laughs). Yeah, but yeah, it's kind of made it real, like I'm actually gonna have a baby. Like something is actually growing. Getting even bigger. It was amazing actually.

Similarly, a young mother used the Māori word for butterfly to describe her experience.

It felt like a pūrerehua (butterfly) or something inside me.

These participants, like many of the young mothers in the study, having had an unpleasant reaction to the news of their pregnancies, were able to experience more positive feelings when they felt their baby move for the first time. For the first young mother, her account of this time “made it real” and the subsequent scan confirmed the fact that she was “actually going to have a baby.” These two events offered her the realisation of her carrying a child, adding to her meaning making of becoming a mother.

Another participant described her uncertainty of what was happening and sought out reassurance from her mother saying:

Yeah, I was lying on the couch. I was looking at my tummy and I'd seen it moving so I asked Mum, "Is the baby kicking?" and she said, "Yup." Because it was the first time and I wouldn't know.

It was at the end of a dialogue group (19 March 2012) when an exchange took place. The participants were discussing their pregnancies with a newcomer to the Teen Parent Unit.

One participant asked if another girl had felt the baby move yet.

Yeah, I think so. I thought it was gas [laughter], but Mum said it was the baby.

Another young mother responded: "My aunty told me that Nan said that when you felt the baby move for the first time it was their wairua, the soul, entering their body."

One participant nodded her head.

Another exclaimed, "What?!"

[Laughter]

[The young mothers were quiet for a minute].

Yeah, true that. It makes sense.

These excerpts reflect one important proximal factor identified in this research project that represent some of the features of becoming a young mother, which is decision-making. It was often at this stage of the pregnancy, in which the adolescent became more aware of the life forming inside and were engaged in decision-making processes that a positive outcome occurred for not only the young mother, but also the unborn child. Despite the diversity in both the young mothers' experience of the first time they felt their baby move and in the way in which they expressed this event, the meaning-making of this event was similar in that it added to their construction of becoming mothers. This led to conscious decision-making that included enrolling in the Teen Parent Unit and refraining from behaviours, the young women felt were detrimental to the health of their baby.

While some young woman acknowledged themselves as mothers during their pregnancy, it was not until the birth of their child that others felt this realisation.

One young mother seemed to have difficulty representing herself throughout her narrative. Her voice at times was inaudible and phrases, such as “I don’t know” ran through her transcript. However, when the dialogue concerned the birth of her son, and her life as a mother, she became more talkative. This was highlighted during the following exchange:

When was first moment that you felt like you were a mum?

When he was born. It was amazing. The best moment ever.

Can you tell me more?

I don’t know ... he was here. I was thinking, I made this ... him. A good thing.

How was your delivery?

Stressful. I was three days early and had a caesarean. He emerged and the placenta broke away before [the delivery]. That’s why they had to do the emergency caesar. Yeah, so we both wouldn’t be here.

How do you feel about that?

Um, pretty glad. It was him, me, or both. But, we’re here ... we made it for each other.

I noticed the shift in her ability to communicate what the birth of her son meant to her. In this account, the teen mum expressed her belief of the symbiosis, or interdependence, between herself and her child that was present at the birth. This young mother described a logical reason that accounted for how she and her child had overcome misfortune and rallied for each other. How the young mother tells her story (the words she chooses, the emotion behind her words, “I made him ...a good thing” shows the construction of her identity as a mum.

Life as a ‘teen mum’

The participants identified the personal and social contexts that interconnected with their lives, such as the challenges they faced and their needs as young mothers.

The challenges

Participants in their narratives shared three challenges: overcoming stereotypes, difficulty coping after the birth, and dealing with limited finances. The young women also shared their need for support during the first year of their babies’ lives.

Challenge no. 1: Overcoming stereotypes

While I did not set out to discover the stereotypic behaviour that the young mothers experienced, the participants frequently shared incidents where they felt stigmatised. At some point in the interviews, all of the participants admitted to times where they felt they had been judged for being a ‘young mother’ or witnessed another young mother being judged. The participants, while sharing these incidents, expressed feelings of anger and disapproval at those individuals whom they believed were judgemental.

The birth of a child for most mothers is typically described as a joyous occasion, and is often met with happiness and a sense of empathy from members of the medical profession.

However, for some of my participants, the stigma of being a young mother was felt most sharply during and after the birth of their child. Many of these young mothers described occasions in the hospital where medical staff were less than empathetic and, for some young mothers, it was as though they were ‘unseen’. One young mother shared her story of the time after the birth of her child.

It was quite scary there at the time. I had my mum support me, which was really good. Umm well, what I didn't like too much was the treatment that I got from the hospital because of my age. They seemed to be more degrading because of my age. Because I was 15 when I got pregnant and they were asking my mum assuming that she was young when she had me. And she wasn't, she was 32. Yeah, they were assuming she was a young mum as well and yeah they seemed to talk to my mum more about things, about what was happening instead of talking to me about them. That they weren't asking my consent they were asking hers, when it was happening to me. I was 16 when I was having him.

What about when your baby was first born. What was it like? Can you tell me about that?

Well, I was only in hospital a day after I had him, after having him. 'Cos the nurses left him sitting on my caesarean scar all night and (voice fills with emotion) they refused to move him because they were too busy. I was supposed to stay on for another week. But, I absolutely refused. I was furious with their care. They left him on me with a dirty nappy and they wouldn't move him because they were too busy. And I just had a caesar and I couldn't move. And so I actually got my mum to come up in the middle of the night to change him and take him off me.

This young mother described the ordeal after the delivery of her child by caesarean section. She described the sense of being invisible while the medical staff talked over her to her mother regarding procedures. With her voice filled with emotion, the new mother described the insensitivity of the nurses in their treatment; and how she reached out for her mother for assistance. This young mother's exclusion, pain and distress were a clear indication of the stigmatising treatment that still prevails. Later in the interview, the same young woman returned to her experience in the hospital when I asked the question: "How did people treat you once you became a mother?"

Um most of them were quite good. I think some people kind of didn't respect my opinions on parenting as much because I was such a young mum. The nurses at the hospital, they really didn't listen to me as much. They more asked my mum. Which kinda got to me. I know I'm a young mum but I still care about my baby and I love him just as much as any other mum would.

If you had the chance what would you like to say to them?

I wouldn't like to say anything. I'd just like to show them that I have a happy, healthy young boy.

But at the time, when you were in the hospital, did you say anything to them?

No, I didn't and now looking back I would have stood up to them. I would have told them, just because I'm young doesn't mean I'm a bad mum and I think that's how they were looking at me some days. But, I care about my baby just as much as the rest does. They had no right to judge me for getting pregnant so young.

This young mother revisited her feelings of not being listened to by others, and the negative perceptions of others due to her age. However, she reaffirmed her belief that she cared and loved her baby just as much as any other mother, regardless of age or circumstances. In her account, she was not only aware of feeling stigmatised, but was adamant in her conviction that she should not be judged for becoming pregnant at a young age. This appears to display the strength of the young mother who demonstrates that despite the way she is treated and on a larger scale how she is perceived as a young mother by society, she is able to resist the dominant discourse and position herself as she wants to be viewed. It is in her telling that she refutes the accusation of 'being a bad mum', and constructs herself as a 'loving mum'. Initially, her emerging sense of self as a young mother was influenced negatively as she attempted to assume the role of a mother. However, she was able to rethink that incident, hold a mirror to the stigma and through her conviction took on an identity as a resilient mother.

Another participant had a similar experience after giving birth; and mentions the lack of support and care from the nurses.

What was it like when you were in the hospital? How was the treatment?

I didn't like it at all. They weren't helpful at all. I don't know if it was 'cos I was young or whatever.

Who wasn't helpful?

The nurses.

Again, this young mother attributed her age as being the cause of the inconsiderate care she received from the nursing staff during and after the birth of her child. Although she did not specifically say what the nurses did or did not do, it was the feeling that she remembered.

However, one young woman had a different view of the treatment she received in the hospital at the birth of her baby, and described the staff as being 'cool', although, she did mention the fear she felt when she was being discharged.

Okay – so what was it like when you left the hospital? Tell me about it if you can remember. What was it like?

Oh, it was scary. 'Cos, I didn't have, like help anymore. Like they were all helpful and stuff like that and when I left it was scary, and, um, yeah and they had to have a car seat when they come outta hospital, and I didn't have a car seat so I had to borrow one. And it was scary.

So tell me about that fear?

I don't know. It was scary man. What do I do now? I don't have shit to take care of my baby. I was like who's gonna help now?

For this young mother, the support and care she received while in hospital was displaced by fear she felt at the time of discharge. The lack of means to provide the necessities to adequately care for her baby resulted in a frightening sense of reality. Later in the interview, this young mother described her lack of material support and money. She also elaborated on the lack of a stable environment to bring her baby home to and the need for support. She contemplated going to live with her partner and his family, but opted to go with her estranged mother instead. This had disastrous results and she ended up leaving the province. This highlights a crisis that many of our young mothers face– the lack of adequate resources and the need for follow-up support. Some of the young women in this research project were

homeless or described as ‘couch surfing’. They often stayed at a mate’s or a family member’s home for short periods while waiting for ‘a place of their own’. This finding relates to one of the social justice issues facing Aotearoa at this time, child/family poverty. This will be highlighted in both the discussion (Chapter 8) and the conclusion (Chapter 9).

Other young women described the negative responses they received from others during the first year as mothers. They all shared incidents of people making negative comments, which had an influence on their wellbeing and their emerging identities as mothers. The fact that people would “straight out dis (disrespect) you” was a common experience that the participants shared. They believed that their age led to negative perceptions of them, and was often a challenge while out in public.

I got a few weird looks, because I look a lot younger than I am. Some oldies asking, “How old are you?”

It was ... I got quite a lot of looks being pregnant and being a teenager. I had a lot of people look down on me I think. But, you know ... I knew I was gonna be a good mum.

In the following excerpt one young woman described how being a mother at a young age is harder because of the fact that they are often judged.

I think it’s really good [being a mum]. It’s the best thing that ever happened to me, definitely. But, I think it’s a lot harder in some ways because we get judged. I had one lady come up to me once when I was with Mason⁶ and she said, “What is that?” She was talking about Mason and I said, “Excuse me ...” and she said, “But you can’t be his mum because you’re too young.” And I was 16 at the time and I just looked at her. And she said, “I think I better go away now.” And I said, “I think you’d better.”

This sentiment was mentioned by most of the young women in the study. The young mothers attributed their ‘young looks’ as the indicator of being a young mother that they believed

⁶ I would like to remind the reader that all names are pseudonyms.

society still perceived as a 'bad choice' reinforcing the infantilisation discourse. For many of the young mothers, the disapproval of young motherhood was never felt as much as when they were in the 'public eye'. However, this young mother was able to not only resist the discourse, but also stand up for herself, adding to a positive sense of self as a mother.

One young mother shared her view:

Yeah, sometimes I think it's based on what you do with the child in public. Like if they've got a dummy in their mouth or they're holding a bottle, you get judged more negatively.

This excerpt highlighted how she believed that young mothers were subjected more to the disapproval of others by what you allowed your child to do in public. The widespread disapproval of young motherhood was not only reserved for the older generation, even the young women's peers expressed their displeasure.

My friends. I found out who my true friends were definitely. Like they stuck beside me, the other ones were like, 'Meh'. But people treated me in some ways a little bit more mature. And in other ways, besides friends, most were quite disgusted. "You're having a baby?"

For this young mother the fact that some people treated her 'more maturely' while others responded negatively may have affected her sense of identity as a new mother. Later, in the interview, she commented on the dilemma between wanting support from family members and showing them, that she was capable. The inflection in her voice and the language that she used suggested the ambivalence that she was experiencing. In constructing her identity as a young mother, and the meaning that it held for her, she was acutely aware of the discourses that surrounded her, which informed the meaning making of becoming a mother.

Throughout the interviews and dialogue groups, participants shared experiences where they were able to recognise discriminatory behaviour and respond appropriately or, in certain

incidences, not. As these young mothers attempted to rise to the occasion, take responsibility as parents, and resist the dominant discourses of young mothers, the stereotypic behaviour from others, and the stigma, still prevailed. The stigma of being judged was common for many of the young mothers. At one point in an interview I asked, “How do you think they [others] experience you as a mum?” One young mother took a deep breath and answered:

I’m not sure. I honestly think ... I don’t give a damn what people think. If I’m ... as long as I know I’m doing a good job, then I don’t really care. Some days you think when you’re walking down the street and people stare and think, “What ..? She’s been doing it. She’s got that baby.”

But in some way, you feel that some of the time. Do you know what I mean (exhales), oh I don’t know. I think people are pressure, pressuring [difficult to understand] I really think ... yeah.

I was confused. I did not hear what she had said. So I clarified, “They want to pressure?” The participant shook her head and said:

Presume. They’re presuming the bad.

Oh, presume. They presume.

This account portrays the adolescent’s dilemma of ‘not caring about what others think’, and the weight of others’ perceptions in regards to family diversity, i.e., an adolescent-led family. These negative perceptions may have affected her ability to develop a perception of herself as a competent, caring mother. The weariness in the young mother’s voice as she tried to explain her experiences reinforced the fact that discrimination and stigma still existed and, in the words of the young mothers, “was unacceptable” and should not be tolerated. Attempting to overcome the negative influence of the dominant societal attitude towards young motherhood was an additional burden for the young women. Nevertheless, experiences of stigma are something that young mothers strive to overcome in developing what they call a ‘good mum’ identity. Furthermore, for this young mother, resistance did prevail. Regardless of the fact that some members of society still have these negative views, (and that the young

mothers themselves experienced them or were at least aware of them), the participants often made the choice to rise above them, ‘not care about what others think’ and get on with it [mothering]—demonstrating resilience. In this young mother’s view, although she may imagine that people are presuming the worst about her, her perception of how she experiences herself as a mother is positive, and therefore more important.

One young mother voiced her opinion on being judged:

People should know what the situation is before they judge. Definitely. Don’t judge us because we’re teen mums.

Another young mother shared her exasperation with feeling judged in society and by others in general.

Well, what you hear on the news radio. Like when you hear people talk about it, they do judge. I don’t actually know what they’re judging. But they judge. I want to say, “Try living in my shoes.”

Yet another, although she had experienced being judged, thought that most people were supportive.

Well I think it’s a bit different for teen mums, we do get looked down on. But all in all, most people are supportive. There’s just the certain few people who just aren’t supportive, but most of them have been brilliant. Like I said, I had people coming up to me just saying, “What an awesome baby and, what a good job you’re doing.” And it really boosts your confidence. It’s brilliant.

Being acknowledged for doing a good job provided this young mother with confidence and had a positive impact on her sense of self-worth as a young mother.

During the interview, one young mother could not provide an example of an incident when she herself was judged, but knowing that other young mothers had experienced judgement by others and ‘by society’, voiced her support for other young mothers. This was conveyed in

her answer to the question: “Is there anything else you would like people to know about young mums and their babies?”

I'd like that we weren't judged. That's what I'd like to say. A lot of us are judged because we are young. And I actually find that a lot of the young babies actually are well cared for. So yeah.

When asked the same question, another young mother responded:

That we're just as able as anyone else to be good mums, and that we can do it despite what public opinion might think of teen mums. I think everyone – ah, here is a really good mum and yeah. I'd like people to know we are good mums and we can do it, even though we're young and don't have a husband to support us. We can still do it, and we are doing it.

Even though most of the young mothers experienced ‘being judged by others’ – young and old alike – on one or more occasions, many spoke avidly that their families should be viewed positively. One young mother, after having watched a television segment on teen mothers, described the way she believed society viewed them:

But I'd say in society, government, they actually underestimate us. They think it's so bad – young mums. They don't really know. How I see it is we're actually the same as older people. But, they [government] see it as [that] we can't provide for all their [babies] needs, but we can.

Ironically, as their stories conveyed the self-consciousness they felt during these incidences of being judged, their sense of self-worth seemed fortified as they spoke passionately in defence of their ability to parent well. When I inquired about what it was like being a mother at a young age, one participant replied:

You get judged a lot. People think you're not able to parent as well as older parents, maybe because you don't have life experience or something. But I think teen mums are just as able, as able as anyone else. In fact, even more so in some ways. You're young as well; you can connect more with your baby. You know, I didn't really know how to describe it. But say you're 45 and you had a baby. To me, I don't know (shrugs shoulders). I think you can relate more to your child when they're young, if you're young yourself.

For this young mother, the view of being young as a mother was an advantage, enabling a stronger connection with the baby. The other young mothers expressed this view as well during their interviews. They believed the ability to relate to their children was a major benefit of being a young mother and would serve them well as their children reached adolescence. The fact that the young mothers identified this as a strength contributed to their sense of personal integrity and self-worth as a mother.

The young women in this study did not explicitly identify a great number of strengths as young mothers. However, as they shared their stories with me, strengths such as resilience, courage, and protecting their child were evident and added to the meaning making of becoming what they called a ‘good mum’. Although, I included the quality of strength above, I will continue with the challenges shared by the young women.

One such challenge was the difficulty the young mothers had coping after the birth of their babies. This challenge was expressed in many ways and came through in the following stories.

Challenge no. 2: Difficulty coping after birth

For one young woman, the challenge of being a young mother was exacerbated by having a critically ill baby. During her interview, she explained her sense of feeling stressed, as well as the stigma she experienced from her daughter’s paediatrician.

Um, well when I got home [from hospital] it was quite stressful. Um I couldn’t sleep, all that stuff getting used to. Um and when I first found out that she may have health problems at five or six months I got ... I wouldn’t say I was ... I didn’t get diagnosed with depression. But I kept feeling down and ‘cos the doctor kept saying to me, “Because she’s so tiny. She’s still so tiny. Do you feed your child?”

Ouch.

And then I was like yeah. And he [the doctor] said, "She could have this, this and this wrong. But you wouldn't understand 'cos you're just a teenager'".

Just a ...

Yes. I wasn't very nice after that.

So how did that make you feel?

I felt hopeless. I felt I had failed as a parent and there must have been something I've done. But she ended up having a month in hospital just for observation and she had a month's worth of tests.

In this account the young mother discussed the difficult transition to motherhood, and the effect that her ill baby had on her ability to cope. It was during routine baby checks that she felt deeply shamed and developed an overwhelming sense of hopelessness from the comments made by her daughter's doctor. However, she defended herself and her mothering against the stigma by responding unkindly, in her words – *"Yeah, I wasn't very nice after that."* The young mother reflected on this incident and said that she had contemplated 'not going back' for the follow up visits to the doctor because of the way he had made her feel. She explained that, since her daughter required regular medical attention, this was not an option. *"So I had to suck it up and I asked my mum to accompany me on the visits, because they [medical profession] made me feel stink."* The identity of a young mother is constructed and reconstructed through experiences and interactions with people, places, and things and time (which are often in a state of flux). It is important to consider that these interactions, whether intentional or not, can confirm or shatter the perceptions of how the young mother is assuming her identity as a mother.

Another shared her experiences of the first months after the birth of her baby.

I didn't have the all support that some teen mums have. I didn't have a partner and I was staying at my dad's and his partner's place. It was great at first, but

I don't know. I was finding it hard with all the changes ... and started feeling ... I don't know, not connected to my baby like I had when he was born.

Do you have some thoughts around that? Can you think about what may have caused that shift?

I don't know. I mean I struggled with depression since Mum died, so that's maybe why I pushed it along.

So, during that time were you diagnosed with postnatal depression?

Yeah.

Did you see someone at that time?

Um, yeah, I saw my doctor, and he put me on anti-depressants, but I didn't take them for long. But I didn't see a counsellor or anyone about it.

Okay, I see. You kind of battled on your own, yeah, and would you say you got through it?

Yeah. (Sigh). Yup (in a small voice).

This feeling of trying to live up to the expectations of others and not succumb to the dominant discourse of teen mothering in which the young mother is unable to mother effectively, was also evident in relationships with family members. One participant explained the tension that was created between herself and her mother when the young mother was trying to live up to the expectations of being a new mother, and how her own mother's offers of support were viewed as 'taking over.' At one point I asked, "What was the relationship like?"

She did kinda take over. But then I kinda told her he's my kid. He's my responsibility and ... and then she backed up.

Backed down, do you mean?

Yeah.

So in the beginning why do you think she wanted to 'take over' as you said?

Um, well probably she could see I was struggling a bit.

You were struggling a bit.

Yeah.

And at first was that okay?

Yeah.

And then what happened?

I just had a bit of a break and came right.

A bit of a break? What do you mean?

Like it was too much, and [I] needed help from Mum. I guess I had the baby blues or something.

This young mother described the tension that arose from her own mother wanting to support her as a new mother, and the young mother's sense of responsibility toward her child. It was during the telling that she acknowledged that she had had difficulty coping and needed her own mother's assistance, something that was difficult to admit to her mother.

The third challenge that many of the young women faced in their lives as a young mother related to financial challenges.

Challenge no. 3: Dealing with limited finances

The narrative of one young mother, who was "real young" at the time of her child's birth, described how she relied on unconventional means to provide for her child.

And they, like the government, does not have enough support for young parents. That's true, 'cos when I was young, I couldn't get no money, nothing. And I had so many people that wanted to support me. They'd just take my money off me and I was left with nothing. So I pretty much stole.

Stole from others?

No, from shops. I'd steal anything to get my baby what he needed.

This young mother stated, in a matter-of-fact, unapologetic way, the risks she had taken to provide for her child's needs. The young women in the study shared the belief that they, as mothers, were the ones responsible for the needs of their children, regardless of the challenges they faced. While this may be an unconventional way to provide for their child, it displays the young mother's resilience in providing for her child. The conviction and tone in her voice of the importance of meeting her child's needs demonstrated her sense of responsibility— a strength of any mother.

When I asked another young mother about her finances, she was quite open and invited me “to see for myself”, as she described the continuous challenge of making ends meet. I began by asking the question: “How are your finances?”

What do you mean?

Do you feel the money you receive from the government is enough to care for your needs and your child's needs?

Well, see for yourself. I get between four and five hundred on my benefit. But after my rent, my power, I get \$180 into my bank after my rent and everything is taken. One hundred and eighty, so that is for groceries, petrol, whatever else I need during the week – clothes, shoes, everything to last me to the end of the week.

Is there ever a time when you have to supplement this?

Yeah, like I always find myself asking people to borrow money. I dread asking to borrow money. But sometimes I have no choice.

How much do you usually spend on food?

About a \$100. I usually stay at my friend's house on the weekend when I don't have baby. He's with his dad then ... I only need groceries from Monday–Thursday and he eats at kindy all day, every day anyway. So I only need teatime

and breakfast food for baby. So that's why I can afford to spend the rest on petrol.

For this young mother having to borrow money, even though it was something she 'dreaded', was acknowledged as something that she always had to do. Nevertheless, she did budget for her weekly groceries. Taking into consideration her son's time at the ECE centre, the fact that he was with his father from Friday to Monday morning, and that she spent her weekends at a friend's place, she only had to purchase food for breakfast and tea for four days a week.

As the above account shows, for some pregnant and mothering teens, providing for the basic needs (shelter, food, and clothing) for their children and themselves was a challenge. A few young mothers spoke of the stark conditions in which they lived. One said that she felt grateful that her child received meals at the ECE centre, as her limited finances only allowed her to purchase a minimal amount of food. Regardless of the difficult circumstances the young mothers face, they described ways that they coped and demonstrated opposition to the negative discourse of 'not being able to care for their children' and provide for their needs. Another young mother mentioned that her toddler slept inside the house, while she and her partner resided in a caravan that has no heat, commenting: *It's too bloody cold for him. He'll freeze.* Here again, demonstrating the responsibility to her son's wellbeing.

For some young mothers the financial challenges were not as difficult. Those who lived with their family often fared better. One young woman explained how she managed her finances.

Yeah, if you budget your wage. Yeah, you get paid the benefit. Like everyone, they have an income, it's to last the month or the week or fortnight. I live with my mum. But, I've seen a few girls here who are struggling financially, but they're coping.

Does your mum help out financially?

I pay her room and board. It's very cheap board. So I know I'm more financially secure than these other girls.

This young mother mentioned that one of the courses she had completed through the Teen Parent Unit was a budgeting course. She not only saw the merit in having a budget, but also described herself as more financially secure than many of the other young mothers enrolled in the Teen Parent Unit, and credited this to living with family.

My second research question: 'What do young mothers attending a Teen Parent Unit deem as helpful supports?' was answered at different times and within different contexts as the young mothers shared their journeys. It was when the young women talked about the period soon after the birth of their children that they began to talk about their needs. When I asked the young mums the question: "What was it that you needed most after the birth of your baby?" The overwhelming answer was support.

The need for support

The need for support was a prevailing theme in each of the young mothers' stories. During the interviews, they shared their perceptions of the support they received during their pregnancies and after the birth of their child. The two themes that emerged were the support from family, and the support received from professionals.

Support from family members

Most of the young women identified the need for family support as being the most important thing during and after the birth of their child. For many of the young women, the motivation to seek support from family members was due to their need to cope with the demands of mothering. Most indicated that it was their mother to whom they turned for support after the birth of their babies.

One young mother, moved out of her family's home during her pregnancy. This was short-lived as she described her decision to return home when asked the question: "What do you think you needed the most when you first became a mother?"

I was on my own since I was pregnant, So, probably just support because she was crying. Because she had colic. So during the days she was fine. She just slept like all newborns do. But, at night she'd scream, from like midnight to 5 o'clock in the morning. Just nonstop screaming. So it wore me out. I was flatting and um then I was talking to Mum and she said, "Why don't you come home?" So, I stayed with her. I moved back in with Mum for the first three months, 'cos yeah ... I just wasn't handling it very well. Mum helped me a lot. Um, we'd take turns during the night.

For this young mother, the demands of having a newborn were wearying, and she sought support from her mother with whom she had a strained relationship (mentioned earlier in the interview). She accepted the invitation to move back home and the two worked together tending to the baby during the few first months. This level of support provided the young mother with a chance to develop her ability to care for her infant under the guidance of her own mother. In her telling of the incident, she implied that the time at home strengthened her ability, contributing to her construction of a positive identity as a mother.

Another young mother also articulated the importance of her mother as a source of emotional support (see discussion of Jacobson, p. 35) during the time after the birth of her child describing her as 'my rock' and 'a shoulder to cry on', saying:

Um, personally I think strong support. Very. My mum has been the ... my support right through. If it wasn't for her, I don't think I could do it without her. She's been my rock, a shoulder to cry on exactly. When we found out there was all this stuff going on. Someone there to say, "You're a teen mum but you are a teen as well you need to have time with your friends." And I don't mean going and drinking – that's ridiculous. When you're a parent you should never do that. But I mean just going to the movies and having some down times with your friends is really cool. She was really good. She thought of me, like I'm still growing and need to be a young woman. I wasn't. She usually takes a day, a day out of the weekend, and takes her [my daughter] places.

For another, it was her dad and his partner who offered support:

I had really good support from my dad and he was living with his partner of 10 years at the time. And, yeah, she was really, really good. And I had really good family support.

When I asked the question: “Who was the greatest support in the first year of your baby’s life?” one young mother answered:

Probably my sister.

And how old is she?

Sixteen months younger than me. She is the best sister in the world. She doesn’t have any kids or anything. She lives in town with her partner. But she’s, yeah, my best friend. She is really amazing.

Later in the interview, when I asked her what would make it easier for her and her baby. She thought for a moment and replied:

Um, if I had ... I don’t know. If I had more family support I guess. Like, my dad was really good when I was living with them. But, once I was living out there on my own, I don’t know, I’m not cast out – but I’m not fully part of the family.

I then queried: “What do you think you needed the most when you first became a mum?” She swallowed and replied:

My mum.

[After a moment she continued.]

That’s the biggest thing. Like I had my dad’s partner, which was really cool, but it just wasn’t the same. I just wanted my mum there, and because my mum was a childbirth educator.

This young mother had identified the death of her mother as the ‘significant event’ to begin her story. Nearly five years later, she acknowledged that she needed her mother the most when she, herself, became a mother.

For one young mother it was her grandparents, who had offered their support from the onset of her pregnancy.

Well, when all this stuff was going down with my baby’s dad, they [my grandparents] kept telling me that they are always there for support, and if I needed anything they were there.

It was apparent that each of the participants noted how important it was to have support of family members to help them take up the role of being a mother.

Some shared their ideas of how support can be best offered. In the following account, a young mother offered her opinion to the question: “What did you need most when you became a mum?”

Support and guidance. Yeah, guidance to learn how to do it. Everybody that helped me did it for me. And when you do it, you just rely on them and you think they’re gonna do it, and they’re not there anymore and you think “What the hell am I gonna do?” So, I think girls my age that have babies at my age need guidance. They do not need ... They need someone there saying, “Your baby is crying, go there and pick it up.” Check him or I’ll just do it. That’s why there are so many teenagers that can’t be bothered with their kids. Some just don’t want them, some choose to depend on some adult that’s lookin’ after their baby and goes and has the good life while poor baby is stuck somewhere else.

That’s very insightful. So what would you prefer to happen? How would we offer support to teen mums?

If my daughter ... if I had a daughter, who had a baby at this age. I wouldn’t say, have an abortion. That’s just a shame on our family. I’d say, go ahead and keep your baby. Mum would be here. Don’t think you’re going out or anything ‘cos I’ll kick her out. (Laughs.) I’ll just show her what to do and help her. I don’t want her relying on me. I don’t want her to be too independent either. I want her to know that I’m here. I don’t want her to think that she can dump her baby on anyone. I want her to take responsibility. Yeah.

And what does that look like – the responsibility?

You gotta have breaks sometimes ... but there's a limit. Taking responsibility is basic – giving your kid stability, food, roof over its head and clothes. And a good loving mother and dad.

This young mother reflected on her experience as a new mother and articulated the need for support and guidance. She projected on her 'future daughter', mentioning that she would "show her what to do" and 'help her'; things that she herself identified as needing when she first became a mother. She also stressed that the 'future daughter' assumes responsibility for her child. In her definition of responsibility, she mentioned providing things that she, at times, struggled to deliver.

Another young mother also suggested the need for guidance:

I needed guidance with coping and some strategies when he was having temper tantrums or with things like that.

One young mother shared the dilemma between being capable of making the decisions that were in the best interest of baby, and the need for support and reassurance that she was doing things right.

Umm ... even when I first became pregnant and became a mum, the thing I needed was for people to let me make my own decisions. And I needed support too, in the decisions that I made instead of them trying to change my mind about things. If I was wrong, they could obviously correct me, but you know, I wanted to breastfeed and I needed support with that, not people telling me to go on bottles 'cos they were easier or I needed support for what I was doing.

You needed ...

Reassurance, pretty much. I needed reassurance for what I was doing right.

Later in the interview, she elaborated:

And I'm glad I stuck with my own decisions right the way through pretty much. I would have just liked more support and more confidence in me that I could make my own decisions.

In this account, not only is the young mother able to articulate her needs, her sense of agency is visible as well. Her identity as a mother is fortified by her ability to know what was best for her child (i.e., attempting to breastfeed despite opposition). She expressed what a number of my participants noted that they needed, not only support from others but also, to be given reassurance that their attempts in parenting their child effectively were recognised. Many of the young mothers expressed this as a *tension* –they wanted support, but also wanted to be independent and be reassured. It appears that there may be a perceived danger for the young mothers that if they appear too capable, the support would be withdrawn, or if they appear too needy, they will be labelled as incapable of mothering. Regardless, the way others perceive them as young mothers can contribute to their identity as a ‘good mum’ either positively or negatively.

Support services

In their interviews, the young mothers shared examples of the support they received from professionals, which they thought had helped their transition to motherhood. Many participants actually had positive experiences from support agencies that began before the birth of their child, and continued until the child was a few months old.

Several had mentioned the support they received from a social worker, who they were introduced to at the beginning of their pregnancies.

And there was a social worker I'd seen before I had the scan to talk to through the pregnancy. She sees all the teen mums just about what they wanted to do with their babies – if they want to keep it or not. And what is happening with the father, if he's gonna be in the baby's life.

Another young mother shared similar thoughts about the relationship that she had with her social worker:

Yeah, she was good. She had been through it herself. I thought she was helpful.

The fact that this social worker was once a young mother herself was significant to this mother. Later in the interview, when I asked, “Do you have any dreams, aspirations?” she smiled and replied:

Yeah, I want to be a social worker.

The positive relationship she had with her social worker, had an affirmative effect on her future aspirations and her developing sense of self. Another young mother shared the view of the assistance that the social worker provided:

When I was pregnant, there was a pregnancy social worker that teen mums see, and she was brilliant. Just helping me with all things pregnant. And I think it would have been good to have it continue a little bit after I had [the] baby as well. You know, someone to talk to like a social worker. Just for support, like checking on how I'm going and giving reassurance. I thought that was really, really helpful actually.

This young mother expressed the value of support offered by the social worker and her wish for it to continue after the birth of her child. Having someone to talk to and someone to provide reassurance were two important aspects that she thought would be helpful in her transition to motherhood.

One young mother, who had had a challenging prenatal period, and was identified by the social services as being ‘at risk’, shared a similar account as she talked about the importance of receiving services from a social worker.

When I was about eight months pregnant, before I had my baby, and when most of the court stuff was over, a social worker was assigned to me. And she was

definitely helpful. She was supportive through everything, the issues with the baby's father for me, and if I was keeping the baby. It was brilliant. I saw her for over a year and she was brilliant. You know just so supportive and if I wasn't quite doing something right she'd correct me. But, yeah, someone to talk to about parenting and how things were going in my life and she ... making sure I was in an okay place in my life to look after the baby. That I was coping all right mentally and physically, and all the demands of being a new mum, 'cos it's a big change.

This young mother shared her experience of the valuable and positive relationship she had had with a social worker. She named the support she received, such as having someone to talk to about parenting, and who was concerned with her wellbeing. For this young mother, it appears that having the social worker during a period of difficulty may have fostered the young woman's ability to adapt to adversity, thus allowing her to become more resilient and take up the role of being a new mum.

For some young mothers, their midwife offered support after the birth of their child.

Did you have follow up support when you left the hospital?

Um, from my midwife. Yeah, I had midwife visits for the first six weeks, once a week or twice a week, and it was really good.

And did you find her supportive?

Yeah, she was really supportive, and she was a family friend as well. So I knew her. So it made it a little more personal. Yeah.

While some young mothers spoke of helpful social support, others mentioned that their pursuit for social support was met with, what they saw as obstruction. One, who was having difficulty caring for her newborn son, sought support from a social agency. Instead of being offered the support she wanted, she left feeling rebuffed, and not listened to. This is portrayed in the following exchange when I asked the question: "Are there [support] services for teen parents?"

No, not enough aye. Services? No, they're [expletive]. When I had my baby I went to an agency and they said take your child to CYFs (Child, Youth and Family). Yeah, that's what they said, "Put your child in CYFs." That was what they implied. I said, "I'm 13, I have a baby, and I need help." And they, like the government, does not have enough support for young parents.

Another mother stated the importance of support for young mothers who did not have the benefit of family support:

But I think there should be more support out there for teen mums, who don't have their mum's support. Just to point them in the right direction, to say, "Hey, that's not the recommended parenting technique, or try this instead."

In summary, the key types of support that was mentioned by all of the young mothers were their family members (usually their mothers) and the social worker.

In the following section, I share their insights of the 'hard part' of being a young mother.

The reality of being a 'teen mum'

As participants shared their experiences of their lives as young mothers, I asked the question:

"What is the hardest part of being a teen mum?"

One young mother inhaled deeply and said:

That she's counting on me for everything.

Another shared what she believed was hardest part of her first year as a mother.

Ah, there were a lot of hard things. The thing for me was having to grow up so fast. That was a big thing. And I think the hardest thing would have been realising that someone is relying on me. You know that every single decision I made, you know, he would get the consequences of it, negative or positive, and I couldn't do what I wanted anymore. Like I had to plan things around my boy, which was really good, 'cos it set me on the right path. I think it was a real positive thing. But, yeah, just realising that I had to put someone else first – my baby. And, yeah, that he was relying on me.

This young woman described a double aspect to the challenge of being a young mother. One was the reality of having to 'grow up fast', and the second was the realisation that someone was relying on her. The dichotomy facing this young mother and others like her was a backdrop to their construction of a 'good mum'. The complexity of assuming their role as a mother was indicated in the language they used and the emotion in which it was told.

Thinking 'beyond themselves', knowing that their decisions affected another human being were testament to not only their sense of responsibility, but their identity as a 'good mum'.

For another, it was the fact that she was both mum and dad.

Being a parent by yourself, and being the mum and dad, is just hard. Sometimes you need help. Like when you're tired and they won't sleep. Just at night, that kind of help. Like when they're teething, when they're sick.

The role of fathers for most of the young women in the study was an absence role. And as this young mother noted, not having someone to share the responsibilities of parenting was difficult. Many of the young mothers shared the reality that 'you're it' and it can take a toll, especially during the challenging moments, such as when the child is ill.

For another it was the first few months after the birth of her baby. She explained it in the following way:

I think the postnatal was hard, really hard. I just felt, I don't know ... I felt when [child's name] was first born, he was my world, he was my everything. But as soon as he hit that two months, I just felt, I don't know, I just lost the connection with him, a little bit for a couple of months. Now the connection is back – he's my everything. I'd die without him. My life would be nothing without him. But, yeah, it was really hard going through those couple of months.

Later in the interview I asked what she believed was her greatest strength as a young mother.

Um, I don't know. My biggest strength, I guess would be being able to come here [TPU] every day, and because it's hard coming here. I would just be sitting at home

watching movies. It's so much easier than coming here, having to worry about child care and WINZ and school work and everything like that. I think you have to be pretty strong to come here every day, 'cos it's much easier to sit home and do nothing than to come here and work hard to get an education.

This young mother articulated what many other participants believed—that it took effort and sacrifice for them to become a ‘good mum’. With their child at the forefront of their decisions, they often described how they would muster inner strength to once again resist the dominant discourse of young mothers and do right by their child.

Summary

The broader personal and social contexts that intersected with young mothers’ lives have been explored in this chapter. On their paths towards becoming mothers, they shared their experiences as young mothers, including the challenges they faced and their need for support. The reality of being a young mother heightened those challenges. The next chapter focuses on the Teen Parent Unit as a valuable resource for the young women and their very young children.

Chapter 6: Findings

Perceptions of the Teen Parent Unit

In the preceding chapter, the participants in my study discussed their experiences of becoming a young mother, and the extent to which those experiences intersected with their developing sense of being a mother. They spoke about important life moments in their transition to become ‘good mums’ which features in Chapter 7. In this chapter, I explore why the young mothers had enrolled in the Teen Parent Unit and the benefits they saw of that decision. The analysis of the data revealed two key themes: getting an education and finding meaningful relationships, the latter of which highlighted the importance of trust and love and genuine caring for the young mothers. I applied a thematic analytical approach to create a collective experience (Elliot, 2005) of how the culturally appropriate context of the programme influenced these young mothers.

As mentioned in Chapter 1, the Teen Parent Unit programme is guided by three important principles. These include it is everyone’s right to feel safe, everyone’s right to learn and everyone’s right to be treated with respect. These principles align with the model of culturally responsive pedagogy as outlined by Bishop et al. (2009). These principles encouraged an environment in which people who felt marginalised in previous learning environments were now given the opportunity to form caring and learning relationships with teachers, who appeared to be committed to these principles. The young mothers’ accounts of how they described to me their experiences of their time in the Teen Parent Unit are now shared.

What attracted you to the Teen Parent Unit?

Some of the young mothers in the study shared stories of difficulties they had experienced in traditional schools, from as early as primary school. The participants described learning difficulties, *being put down and dised* [sic] [disrespected] by peers and teachers, as well as being *bullied*. Some young mothers identified themselves as *hopeless at school*, so even the thought of returning to school was met with angst. However, it was the desire to be a ‘good mum’ that was the primary motivation for enrolling in the Teen Parent Unit. They saw educational opportunities as a way forward to a better future for themselves and their child. For some young mothers, the decision to enrol in the Teen Parent Unit was made soon after their pregnancies were confirmed, and was often suggested by others who had had contact with the young women.

When I was three months pregnant, my mum’s public health nurse introduced me to it.

Those participants, whose families were already receiving support services, were provided with referrals to the Teen Parent Unit as a ‘place to go’ for the pregnant adolescent. For others, the decision was given more thought, and often included the possibility of an education and future employment and having some meaningful relationships with people who understood their situation. I now turn to explore the education options available to the young mothers.

Getting an education

I just wanted to get an education to get a job. I'm doing them [NCEA]⁷ at the moment here. Here, you can do little courses that you can get certificates for. Um, yeah, to catch up. It [the TPU] helps you with that.

The responsive environment of the Teen Parent Unit offered the young mothers the opportunity to set goals and attain qualifications. All of the participants spoke of how the programme was a good match with both their educational aspirations and the unique needs of a young mother.

One young mother, who had enrolled in the Teen Parent Unit during her pregnancy, had spoken about her intention of getting an education and making something of her life. She said:

I was about 12 weeks pregnant. I come here every day, but to me it's worth it. So I'm getting an education, and to me that's setting a good example for Mason [son]. 'Cos he'll know, even though mummy had to have time off to have a baby, you can still make something out of your life. Even if ..., 'cos you know that obviously Mason wasn't planned, not at that age. I'll still make something out of my life and I feel that I'm a good enough role model for him. I wanted that he'll look up to me.

For others, it was a vehicle for change, and often one of the first steps in the transformation of the young mother's life. One participant spoke of how she was struggling at the time she had become pregnant and had lost interest in school. She explained:

I was not attending any of my classes. I was not interested in school at the time. Not doing well at all. I was in Year 12 at the time. I did really well in Year 11. I got a Merit endorsement for NCEA Level 1. I did really well, but then I was just over school. I just couldn't be bothered. Then I got pregnant and came to the TPU straight away. I left school and came straight here.

⁷ The National Certificate of Educational Achievement (NCEA) is the main national qualification for secondary school students in New Zealand.

In this account, the young women shared her belief that her pregnancy and subsequent birth of her child, was a catalyst for change. Once a high-achieving student who ‘was over school’, the Teen Parent Unit offered her a second chance for educational attainment. While the young mothers attended the Teen Parent Unit, they developed a number of different relationships. These relationships were seen to be significant to their developing sense of their self as ‘a good mum’.

Finding meaningful relationships

The young mothers formed three main relationships at the Teen Parent Unit: 1) with other students, 2) with the Teen Parent Unit staff and 3) with the staff at the ECE centre that their children attended. The following excerpts demonstrate how the participants interpreted each of these relationships.

Relationships with other young mothers

All of the young mothers spoke of the mutual trust and friendship they had for one another during their time at the Teen Parent Unit. This camaraderie was expressed in many ways.

One young mother stated:

They're brilliant. It's been really good for me having the girls here who are teen mums as well. It's somewhere to go for parenting advice. Like I said to one of the girls just the other day, I said, "My boy is having tantrums, how do I deal with it?" And there were five or six girls here who gave me ideas who have older babies and they have me some ideas on how to deal with it. And good ... 'Cos it's been from their experiences not just out of some textbooks. Yeah, it's brilliant. They're really supportive here and the teachers are amazing. They are really supportive with any issues you have.

For this young mother, the importance of learning from, and with the guidance of older and/or more experienced peers, allowed for a higher level of learning, and appeared to offer the young mother the opportunity to make meaning of her experiences. These relationships

had the features of a tuakana/teina relationship, whereby an older or more competent and confident tuakana assists and guides a younger, or less competent and less confident, teina. Such relationships are highly valued in the Māori culture (Pere, 1994). The Teen Parent Unit setting fostered the development of tuakana/teina relationships by providing an environment where learners had opportunities to learn with, and from each other.

It was through the context of relationships formed with others in the Teen Parent Unit that the young mother felt supported, and was able to develop the confidence and ability to express her ideas, and therefore be able to assist others. All of the participants had indicated that the relationships they had formed at the Teen Parent Unit were very important.

I asked the question: “What has the Teen Parent Unit given you?”

It's given me everything. I have amazing friends. Support. I've made really good friends here.

This young mother expressed how the opportunity to attend the Teen Parent Unit had provided her with friendships and support. Earlier in her interview, she had alluded to how these had been missing in her life.

Another had a similar view:

Great. They are really supportive and help us get what we need.

What about the other teen mums?

Um, they're my besties, my friends.

The environment of the Teen Parent Unit provided this young mother with support, and the opportunity to develop friendships with peers who had similar experiences of being young mothers. The notion of sharing their experiences of being a young mother with others who

were similar to themselves provided the participants opportunities to see themselves as capable and confident, adding to their positive identity as mothers. The offers of advice, assistance and knowing that their experiences mattered enabled the young mothers to construct the story of ‘I am a good mum.’

Another aspect the young mothers mentioned was the enveloping support that they received through the relationships formed at the Teen Parent Unit. All of the young women told me about the support the Teen Parent Unit had provided throughout their pregnancies and/or after the birth of their children. One participant who had intermittent support from her family, had relied on the Teen Parent Unit at a crucial time – just after the birth of her child. At one part of the interview, we were discussing postnatal support and I queried, “Were you provided with follow-up care from the hospital?” The young mother shook her head and answered:

No, just from the Teen Parenting Unit up there. They were my main support.

She valued the support provided at the Teen Parent Unit, and appreciated the awareness of the staff and others to connect her and her child with community resources. This view was echoed by most of the young women in the study. The opportunity to engage in conversations with the staff and the other young mothers about relevant external agencies had given this young mother the ability to take responsibility for her mothering and enhance her decision-making. The ability to make one’s own decision is an act of agency, a concept that the young mothers in my study often demonstrated (and will be discussed in Chapter 7). It was through the affirming relationships provided at the Teen Parent Unit that the young mothers were able to share accounts when they resisted the dominant discourses, and ‘stood up’ for themselves and their child demonstrating that they were agentic and capable mothers. Furthermore, through the concerted efforts to establish strong bonds through a network of like-minded

peers and teachers who supported them, the young mothers were able to build up their resilience to call on when they faced adversity.

Relationships with Teen Parent Unit staff

Some of the young women described the relationship between themselves and the teacher of the Teen Parent Unit as an important one. Many young mothers indicated that the teacher of the Teen Parent Unit was the person they could go to, who provided support and who ‘really listened’ to what they had to say. This individual was named as ‘having their back’, and reinforced the young women’s ability to cope and be ‘good mums’. In the following exchange, a young mother talked about how her son was the reason for coming to the Teen Parent Unit, but then elaborated on what attending the Teen Parent Unit had given her.

I came here because of Cassidy.

And when you say ‘here’, is that the TPU? What has that given you?

It’s given me everything. Kathy [TPU teacher] is one of the biggest supports in my life outside of the TPU. She’s a major support in my life. I love her to bits and I’ve made really good friends here. And yeah, my life has definitely changed for the better.

In her role, the teacher of the Teen Parent Unit encouraged agency in the young mothers, such as supporting them to determine their own actions and make their own choices. The relationship that the young mothers had with the teacher at the Teen Parent Unit contributed to their confidence, capability and satisfaction as mothers. Evidence of this emerged during the interview when I had the opportunity to ask, “Whose opinion do you value the most in regard to your mothering ability?” One participant without hesitation identified Kathy. She explained:

Kathy.

Here in the TPU?

Yeah, I will listen to her. If she tells me to do something, I will do it. If anyone else tells me to do it, I'll tell them to get... [expletive].

And why do you think you...?

Because she has been there for me since the day I got here. Anything she said, I'd do it. I'd jump for her. I would not jump for anyone else though.

What do you think Kathy would say about you as a mum?

That I'm a good mum.

For this young mother, the strong bond she had with the teacher of the Teen Parent Unit was the glue that held things together when things 'got rough'. The significance of the teacher being there for this young mother was evidence of strong feelings of attachment, and contributed to her sense of self. The Teen Parent Unit teacher was viewed as a crucial support person to many of the young mothers, especially those who did not have the benefit of family support. The importance of the relationship between the teacher of the Teen Parent Unit and the young mother was identified by most of the participants.

Relationships with the ECE centre staff

I found that there was a strong bond between the child's primary caregiver within the ECE centre and the child. The young mothers discussed the intimate relationship between their child and their primary caregiver at the ECE centre, and the importance of that relationship to the child's mother.

To me it was just seeing how happy [child's name] was spending time with her. I loved that. 'Cos you know, she basically treated him as her own.

One young mother had a similar view and simply stated:

Just the fact that they love my boy. They have his best interest and they want him to develop and grow, just like I do.

For these young mothers, it was important that their children's primary caregiver had formed a responsive, caring relationship with their children that demonstrated the respect and value they had for the children.

Another shared her perspective of the unique aspect of the primary caregiver relationship.

Because in a way Penelope [primary caregiver is her second mum when I'm not there. Yeah, it kinda takes a load off my mind that she is in a safe environment and someone actually cares and someone is looking after her well. But, yeah, just that I can sit here and do my work, and not think what is she up to this time. Or she's got into trouble or she's hurt herself and she's down the corridor and I can pop in any time.

The primary caregiver relationship is one in which the child is seen as 'being special', and is based on the values of trust and respect.

One young mother described it from her child's perspective.

My boy goes in and he knows Marina is there to look after him and he's not looking or thinking, "Oh, who do I go to?" He turns to Marina when he needs help, which is really cool. He has that cool relationship.

In this excerpt, the young mother made reference to the sense of belonging that her son's primary caregiver provided for him, which she interpreted as 'really cool'. The primary caregivers' or teachers' willingness to consider the wellbeing of their children was mentioned by many of the young mothers in my study.

Another articulated her ideas of what is valued in the relationship between her child's teacher and herself.

That we are both honest with one another and we understand that Kendall is my number one priority. Obviously she can't watch her 24/7 'cos she has other kids too. She lets me know what she has done at school, at kindy.

For this young mother, the quality of honesty between herself and her child's teacher was paramount. The ability to work cooperatively with those who share the responsibility of the learning and wellbeing of a child was important to the young mothers in my study. One shared her views on this:

It was good. Good communication and everything.

What were some of the things that made it work?

Just talking to each other. Like telling each other how he was getting on. And stuff like that. Yeah.

What do you value most about that relationship?

Just that she ... I don't know. That they keep the communication going. They asked me about him and talked to me about what he did and stuff at kindy.

This young mother valued the relationship between her son's primary caregiver and herself and described the significance of communication. The fact that the teacher sought out the young mother to engage in discussions about her child's learning and development mattered to the young mother.

Quality care for their child, honesty and good communication, were all aspects of a responsive and reciprocal relationship between mother and professional. Some young women described the relationship that they had with their child's teacher as something more, something intense – a partnership. For example, one young mother described the relationship she had with her son's primary caregiver as:

Like a true partnership ... yeah, like we're working together to better him.

For her, the meaning of partnership included the concept of working together.

Another young mother commented that her relationship with her son's primary caregiver was *brilliant*, and when asked if she believed she had a partnership with her child's teacher she readily agreed.

Yeah. We could talk about anything related to Mason and ... She took the time to get to know [him] and what worked for him and that was the biggest thing for me.

For her mother, partnership involved being able to talk freely about what worked for her child. The fact that the child's primary caregiver "took the time to get to know him" meant a lot to the young mother, and demonstrated that the teacher respected and valued her child as an individual. The idea of having a bond with their children's primary caregiver seemed to be a special feature to the young mothers. As noted by another young mother when I asked, "What do you value between you and your child's primary caregiver?"

The bond between the three of us. She has just as strong a bond with her as I do.

While most young mothers described this bond, one did not she said:

No, I don't feel like I have a bond with her. She's just someone who looks after my kid. I wish I had a bond with her, but I just don't.

The important difference for this young mother is that she mentioned earlier in the interview that she did have a bond with her child's first primary caregiver. This excerpt appears to highlight the importance for these young mothers of a good working relationship with the child's caregiver very early in their attendance at the Teen Parent Unit. Key characteristics of this relationship were trust and love, and the genuine caring of the primary caregivers.

Trust and love

One young mother thought carefully when asked the question, “What do you value in the relationship between your child and his primary caregiver?” After a moment, she responded:

That he, Emory, trusts her.

I then prompted: “How do you think the primary caregiver felt about your child?” The young mother replied:

Loved. She loves him. Yeah.

And how was that for you?

Good that he had a good connection with her.

This young mother not only appreciated the trust between her child and his primary caregiver, but the love that the primary caregiver had for her child. Another spoke about the qualities that were evident in her child’s primary caregiver.

She loves kids. The kids really trust her and she’s really good with them.

Trust is an important concept that is central to interpersonal relationships. One young mother spoke about the concept of trust in the context of a sensitive family situation.

I trust them. I trust her. She’s qualified – how much more trust can you have in that? When something is wrong with my boy, like when his dad left. That boy was devastated. He didn’t want to do anything. He just wanted to sit in the corner by himself. The kindly was worried about him. I explained what was going on and they said, ‘Oh, okay’ and I said, ‘Can you just help him ‘cos he is going through a stage in his life when somebody’s just left’

Genuine caring relationships and trustworthiness were two factors that the young mothers valued. One spoke about one ECE centre that her son was enrolled in where the trust was compromised.

And he went to the TPU kindy in another region and he fractured his arm in two places, and they couldn't tell me how it happened. There was no accident report. And then they tried to tell me it happened at home, that morning. So I took him out of kindy that day and put him in another one and I didn't really like that one either, and then we came back here and I absolutely love this kindy.

The value of trust played a significant role in developing both a relationship and a partnership between the young mother and her child's primary caregiver/teacher. This cultural value, which was embodied in the ECE teacher's practice and the teachers at the Teen Parent Unit, helped to provide a supportive and loving environment for the young mother and her child. Young mothers' views regarding their experiences of their child's involvement in a primary caregiving relationship revealed aspects that influenced how they perceived this relationship.

Genuine caring

The effort and genuine caring from the child's primary caregiver that goes beyond what is seen as 'common practice', and was perceived as genuinely caring and 'making the effort' with their children, was appreciated by a number of the young mothers. For others, it was the fact that the primary caregiver was a substitute 'mother' to their children. This aspect was experienced as going beyond the typical aspects of caregiving. One young mother explained it in the following way:

You know, she was like a mum to him when he was down there. She'd give him cuddles and read him the books exactly like I would.

Earlier in the interview, she identified that she and her son's primary caregiver were "working together" for the benefit of her child. I asked her to elaborate on what that meant:

Trial and error. She'd sing 'Twinkle, Twinkle Little Star' to him and it calmed him right down. She figured out what he liked.

The young mothers valued that the child's primary caregiver took the time to get to know their children by taking an interest and finding out the children's likes and dislikes. Many young mothers appreciated that the primary caregiver did a lot for their children.

She's real good. Phoenix likes her. She does a lot for him.

One described how she experienced the primary caregiver and her son's reaction when he saw her:

She was one of the best people. She was, you know, amazing. She influenced my little man in such a positive way. He'd just go up to her, run up to her – arms out. She was absolutely amazing.

For this young mother the positive influence that the primary caregiver had on her son, and his response to her, were indicators of the effectiveness of the relationship.

Summary

The young mothers identified particular aspects of the personal and social context that the Teen Parent Unit afforded them, and the impact that these had on their growth in 'becoming a good mum'. The participants spoke about the benefits of attending the Teen Parent Unit that included the opportunity to gain an education, and to develop meaningful relationships with others. They discussed how they experienced the staff of both the Teen Parent Unit and the ECE centre as building positive, working relationships with themselves and their children. It was the importance of relationships (whanaungatanga), and a supportive, loving environment (manaakitanga) that seemed to increase their sense of belonging and wellbeing and enhanced the relationships the young mothers had with each other and the wider learning community. Furthermore, the supportive environment of the Teen Parent Unit was a place where the young mothers could grow in confidence in their role as a mother. Through the supportive

relationships formed at the Teen Parent Unit, the young mothers perceived themselves as confident and competent. Their positive sense of self developed, affirming their identity of a 'good mum'.

Chapter 7: Findings

Process of change

Introduction

In the preceding chapters, I have written about ways that the participants described their lives as young mothers. They shared experiences in interviews that highlighted their quests to become what they termed ‘good mums’, one of which was to enrol in the Teen Parent Unit so that they could provide a better future for themselves and their children. Central to each participant’s journey of becoming a young mother was the process of change. This was told in many different ways. This chapter explores the phenomenon of change for the young mothers. Their identities appeared to shift as they faced the challenge of being an adolescent one-day and a mother the next. Through their telling, they shared not only how becoming a mother set them on a trajectory of change, which led to a new sense of self, but also the meaning becoming a mother held for them. They described a journey through which their stories of motherhood strengthened. Their experiences not only allowed for a change or transformation in the young women, but also required the young mothers to prioritise the needs of their children over the needs of themselves, allowing them to become ‘good mums’.

Some young women identified their conscious decisions to make changes in their life as soon as their pregnancy had been confirmed; for others it was less perceptible. In all cases the young mothers, although unaware of what the future held, articulated decisions, choices or happenings that were significant to their change. It is this story of change or transformation that highlights the inner strengths of the young mothers in this research project.

For all of the young mothers in the study the events in their life before the process of change were described as ‘happenings’. In the telling of their experiences, they often used the phrase, “it just happened”, to describe an incident that was noteworthy in their journey of becoming ‘good mums’. This phrase appears to relate to something that comes about by chance and seemed to reflect the happenstance nature of how these young women described these incidents. They were the ‘happenings’ in their everyday lives, which served to act as a twist of fate. Some even described their pregnancy as, “It just happened.” They could not recall any specific antecedent to the ‘happening’, which might have prepared them for their reaction and/or the consequence of their behaviour/decision. The ‘happenings’ were seen as important to the young mothers and important to their emerging sense of self. The ‘happenings’ included decision making, realising beyond self, critical incidents and belief in self and are woven throughout this chapter through the telling of the young mothers’ experiences.

This way of viewing life events is in contrast to the agentic way that they described their experience during and after pregnancy and of becoming a mother. It seems to highlight the change that the participants talked about from being an adolescent, where things *just happen*; to becoming a young mother, where being conscious of decisions takes place. That contrast can be encapsulated in the idea that these young mothers were standing up to discourses. Young mothers were no longer allowing things to happen to them but, rather, they were standing up for themselves and their children. Some of this standing up was in relation to negative discourses (mentioned in this chapter) about teen mums.

This chapter focuses on two key themes that emerged from the data. The first is, standing up to discourses and the second is the participants’ meaning of becoming a mum’. Within the first key theme, there are subcategories related to having a sense of agency, self-efficacy and

displaying resilience. Within the second main theme of what it means to become a mum, there is a sub category of becoming a ‘good mum’.

Standing up to discourses: The strengths of young mothers

Through the telling of their experiences, it is clear that the people in the young mothers’ lives, whether it was their parents, partners, teachers, people at the petrol station or even the receptionist at the medical centre had views/ biases about pregnant and mothering teens that were shaped by their interpretations of social discourses. One of the things that the participants in my research project have demonstrated repeatedly is their ability to stand up to the discourses, which surrounded them. The ability to stand up to these discourses led to the development of strengths such as agency, self-efficacy and resilience. Working definitions of each of these terms as they relate to my research are:

Agency is the capacity of a young mother to act independently, to make her own free choices and create change in a given context with the interest of her baby at the forefront.

Self-efficacy is the young mother’s own belief that she is capable of being a ‘good mum’; accepting responsibility and being accountable for the outcomes of her actions, thus contributing to her confidence, competence and satisfaction as a mother.

Resilience is the ability to recover from difficulties and find a new mission that renews the young mothers’ passion and creates meaning in her life.

What follows are the experiences that the young mothers described as they confronted the biases of others by acting with agency and self-efficacy and displaying resilience in their

attempts to stand up to negative discourses. I begin with the main discourse that participants confronted, infantilisation. Standing up to this discourse (and others) often resulted in the young mothers acting with agency and displaying a contrast to the idea that they were too young to make decisions.

Acting with agency

Acting with agency was demonstrated by the young mothers as a way of standing up to discourses and was evidenced by the decisions they were making and in the manner in which they shifted their focus beyond self and placed the needs of their baby first. Even though the circumstances around the decision about whether to remain pregnant varied between each young mother, they all described the tensions they faced when contemplating their decision to remain pregnant. Below I present the words of participants under each subheading.

Making decisions

One way that young mothers stood up to discourses was through the decisions they made.

One young mother articulated her resolve to keep her baby even though the young man with whom she had had a one-night stand was insistent that she terminate the pregnancy. It was at this point in her story when she first voiced her anticipation that a baby would be a life changing experience.

I knew the day I found out that ... that I was keeping him. I couldn't ... There was nothing in me that could do that. You know, I always knew I wanted children. But I never planned on having a child at sixteen. (Laughs). But I knew the day I found out. (Excitement in voice). I done my pregnancy test the 4th. I knew I was keeping that one. That baby and he was going to change my life. But, and even though his dad was telling me to get an abortion, 'Don't be stupid, you're too young – don't be stupid', I didn't listen.

Another young mother described her confusion during that time and how her own experience influenced her decision.

Well, I didn't know. I didn't believe in abortion. I didn't want to do that anyway. And, um, I felt pressure for an adoption, but I've gone through an adoption myself so I was, 'NO, I really don't want to do that'. As soon as I had a scan, yeah, nah, (laughs) I'm not getting rid of it.

These excerpts of the young mothers' descriptions of the decision whether or not to terminate their pregnancies were made within a relational context. They voiced their feelings of either having received support, or disapproval by significant others. As stated in Chapter 5, however, the decision to continue the pregnancy was ultimately made by the young mother herself.

Decisions to remain pregnant often had a positive effect on all the participants in this study. It was at this point, that many young women shared a common understanding that they needed to change some of their behaviours. The decision to make these changes reinforced the young mothers' sense of agency. This highlights the shift from the time when things or events were just *happening* to them.

One young woman, who was 16 at the time of the birth of her baby, described the aftermath of standing up to her father and refusing to have an abortion.

I told my mum when I was six weeks. And my father found out when I was about 11 weeks and told me to either have an abortion or else he'd disown me. I'm completely against them myself and so ... I absolutely refused and that's when mum kicked him out. And he's disowned me. Yeah because he was gonna disown me for keeping the baby. And yeah, now to me, I'd prefer my baby in my life. I mean I created it and it's my responsibility and if he wasn't, Dad, gonna support that, then that's his choice. (Inhales) Yeah ... I lost my father over it... but I gained a baby.

In this excerpt, the young woman described how her pregnancy created tensions among family members when an ultimatum was given. Her decision to continue with her pregnancy highlighted her agentic self and exemplifies assertions by Williams and Merten (2014) that teenagers who have a strong sense of agency tend to act independently for their age. Earlier in her interview, this young mother alluded to a less than agentic self when she described incidents of feeling powerless. (To protect the anonymity of the young woman, I have chosen not to disclose the circumstances of this incident.) It appears that her pregnancy, and need to protect her unborn child, fostered her sense of agency.

The willingness to put the wellbeing of their unborn baby first and ‘go beyond self’ is another example of the agency that was apparent in the young mothers’ stories. In the above excerpt, the young mother demonstrated strength and courage to stand up for herself and ‘protect her baby’. She showed independence, ability to make her own choices, and maturity to do what she believed was the right thing to do. For all of the young mothers, the strong sense of responsibility and being accountable for the outcomes of their actions led to their growing confidence, competence and satisfaction as a mother fostering a sense of self-efficacy. It is to those stories of self-efficacy that I now turn.

Self-efficacy

The young mothers’ belief that they were capable of accomplishing certain actions or behaviours also enabled them to stand up to discourses. In their descriptions of their journey, the young mothers related what sounded like a further shift in personal agency. When they accepted responsibility and accountability for their actions, they appeared to experience growing confidence as an expectant mother, and this appeared to give them the strength and motivation to make changes. In their discussions with me, these young mothers talked of two aspects of their journey that appeared to contribute to their sense of self-efficacy. These

aspects, which emerged in the analysis of the data, were making changes and the baby as an agent of change.

Making changes

Phrases such as, “*Well I used to drink a lot, but I changed all that*” and “*hanging with the wrong crowd*” were used to describe the negative behaviours that the adolescents engaged in prior to their pregnancies. Their realisation that there was someone beyond themselves to acknowledge, created an impetus for change.

One young mother reflected on the reality of getting pregnant and how she needed to make changes in the way she was living her life.

I changed everything around in my mind. I have to do what's right for him.

I just ... the day I found out I was pregnant, I stopped smoking and I stopped drinking and I stopped smoking weed.

She added to this:

I just felt, 'This is a helpless baby who is totally relying on me. If I carry on smoking and drinking, I'm forcing him to do it, this tiny newborn baby inside me and I'm poisoning him'. I didn't want to do that with my baby. I want him to have the most healthiest, you know, possible start in life as he can. So, yeah.

Another reflected on the change in her ‘partying’ after her pregnancy was confirmed.

When I found out that I was [pregnant] I said, Nah (shakes her head). I stopped all that crap. I was definitely not going to put my baby through any of that.

In the above excerpts, young mothers reflected on their behaviour and how they considered that it would adversely affect their unborn children. The realisation of the consequences of their actions resulted in the young mothers accepting responsibility, which led to

conscientious decision-making on behalf of their children. Accepting responsibility for one's actions can be viewed as a sign of maturity. For these young mothers, the perception of themselves as future mothers was enhanced by the willingness to make the right choices, contributing to a sense of self-efficacy. This, in turn, engendered their confidence as mothers and had an effect on how they not only viewed themselves in relation to their unborn children, but also how they perceived their babies as agents of change. Some young mothers were able to articulate, quite profoundly, how their pregnancy and/or baby were the catalyst of that change.

The baby as an agent of change

One young mother shared a time when there was a rift between herself and her family.

Before I got pregnant, we had a massive family breakdown and then during my pregnancy I felt normal. Everyone else kinda did too.

Was it being pregnant that made it better?

Yeah ... probably. Before, I always saw the negative. I was always depressed all the time. That changed. (laughs) I was thinking ... If I could change my life around.

Later in the interview, I asked:

Has having the baby changed things?

She has made me grow up. Yeah, she's changed my life completely though. I'm just going... Well I decided to be more proactive, more mature. Kinda try and get somewhere in life...not just focus on the now. And try to focus on the future as well. Now I want to succeed

Another shared her life experiences before baby, and how the realisation that her baby was relying on her was the motivation to change.

Yeah, I wasn't doing well at all. I wasn't interested in school. I wasn't attending any classes. I had no self-respect at all. I was just hanging out with the wrong crowd. I was really going down the wrong road. So yeah, then when it happened, I got pregnant and I came here [TPU] and my life just changed for the better.

And how has the baby changed things?

Like I said, 'cos of him is the reason that I came here and because of him he's the reason I have a future ahead of me.

Later in the interview, I asked the question: "Were you hoping to change anything?"

She replied:

Yeah, I was definitely hoping my life would change, and it has.

Another young mother reflected on the change in herself:

Look at me now, I'm definitely a stronger person and I guess it's because of him-being his mum. Yeah.

This highlights the journey of the young mother, her identity formation and the change that motherhood has brought.

One young mother discussed her emotional state before becoming pregnant and how having her pregnancy confirmed highlighted her awareness of this responsibility.

Before I got pregnant I wasn't coping and the pregnancy wasn't planned. But, when I took that pregnancy test, I was in shock for a few weeks. I didn't tell anybody about it. OMG! I'm gonna have a baby and that really definitely set me on the right path. 'Cos I knew I had something to be there for. As small as it was at the time, it was still something that was relying on me.

In the above excerpts the young mothers not only described how having a child had 'changed them', but they articulated the ways in which they had changed. Words they used to describe their changed selves were positive attributes such as, proactive, maturity, responsibility and

future-focused and, it was the tone in their voice that demonstrated their confidence and satisfaction as mothers.

One young mother spoke about the sacrifices she made, and the willingness to ‘suck it up’ and rely on the assistance of others, when she found herself and her child homeless and in need of shelter.

‘Cos I moved up there with How it all started up here is that shit was hitting the fan in Northland when I moved there. It was like all ... My baby’s daddy was being an ... I had no stability there. I still don’t have any stability now. I’m getting there, slowly... Yeah, but when I moved up here, I moved up here with my brother and his foster mum and my sisters. We all moved here in a four bedroom house. That’s where it all started. I just hated her. I don’t know why, I just hated her. I just hated her. I felt that she was trying to take my mum’s place.

Hated the foster mum?

Yeah, I just absol ... I just purposely made her life hell. I honestly don’t know why. I just hated her to bits. And me and brother, we were like best friends. Like we did everything together. We’d go and get on the piss together, everything. And his foster mum would babysit for my boy and she loved him and he loved her. There was no way I’d get involved in that relationship. I just didn’t like her. And even though Yeah I just sucked it up for him.

In the above story, the young mother shared her dislike of the foster mother, but acknowledged the close attachment that this woman had for her baby, which the child reciprocated. This demonstrated that she was able to respond to her baby’s emotional needs thoughtfully for the benefit of the baby. The fact that the young mother could see beyond herself and support her baby’s relationship with the surrogate grandmother clearly showed the young mother’s ability to put her baby’s needs before her own. A sense of agency is depicted in the above account through the young mother’s ability to act independently and to make her own choices, regarding what she believes is best for her baby. By taking into account what she believes is in her baby’s best interest (even though it may be in opposition to her own), the young mother demonstrates self-efficacy, by providing her own assessment

of her ability to cope with a given situation, thus consequently contributing to her competence as a mother.

Another attribute that the young mothers displayed was their unwavering strength in the times of adversity-resilience.

Displaying resilience

The young mothers, through their stories, articulated ways in which they displayed resilience, which was another way they demonstrated how they stood up to negative discourses. Each participant, while sharing her journey of becoming a mother, spoke of an incident which signified a profound moment during her pregnancy or after the birth of her child where there was a shift from being ‘about self’ to a place of ‘beyond self’, in which she consciously put her unborn child’s interests or wellbeing before her own. Indeed, for some, it was a much deeper realisation that they were now responsible for someone other than themselves.

In listening to the experiences of the young mothers, I realised that all the young women had experienced at least one incident that prompted a positive change in their sense of self. The critical incident had features that were described by Woods (1993) as something that is unpredicted and unplanned and are often “highly charged moments and episodes that have enormous consequences for personal change and development” (p. 356). As all of the young mothers shared a particular memorable event, they noticed that this led to a new understanding. Indeed, it was a critical incident that required the young mother to consider the likely consequences of her choices and actions. This critical incident was often a motivation for change (although not recognisable at the time) that not only had major implications for her circumstances, but also to her identity as a mother. For the young mothers, it was a time that required strength and courage to stand up to others, and

offered them the opportunity to show resilience, or become resilient. This positive change fits within the definition of resilience (see p. 178).

One young mother recounted:

Well, it is quite strange actually, 'cos I was contemplating suicide before I got pregnant. And when I was pregnant ... well when I found out I was pregnant and I knew just couldn't do it. (Voice fills with emotion.) I was growing a baby and I had something to live for in a way and before I didn't. And um ... yeah, and I had a baby and the baby needed me. I was his mum and I knew ... I need my mum and this baby is gonna need his mum.

She mentioned that she was not coping and that she was contemplating suicide just before she realised that she was pregnant. The realisation could be considered the critical incident. She shifted her focus from self, which is common for many people having difficulty coping, to responsibility for another. By articulating that she knew she had something, (someone) to be there for, she acknowledged her sense of responsibility for another life. She had the resolve necessary to put aside her negative thoughts, and instead focus on making changes in her life for the benefit of her child. This incident highlighted the young mother's resilience. It is a poignant example of her ability to recover from difficulties and find a new mission (the anticipation of motherhood) that renews the young mothers' passion and creates meaning in her life.

Likewise, another shared the difficulty she experienced after the death of her mother.

Um, since Mum died I turned to drugs. Umm, and yeah, so I was not doing well at school ... I was on drugs ... just ... I was not going anywhere, so having Emery was the greatest thing that ever happened to me. Now, I nearly got NCEA Level 3. I'm doing so well. If I didn't have my child at 16 when I got pregnant I wouldn't ... I don't even know where I'd be. I'd probably be out in the streets somewhere.

Here the young mother was able to articulate a very difficult period in her life whereby becoming pregnant acted as the catalyst to recover from the difficulties she was experiencing, demonstrating resilience. Becoming pregnant gave her a purpose that not only renewed her passion (achieving educationally), but also created meaning in her life.

One young mother referred to a time during her pregnancy when things were a ‘bit tough’ and her mother was having doubts that her young daughter would be able to cope with the demands of parenting. She first had to convince her own mother that she was a ‘good enough’ mother to be able to raise her child. She described the incident in the following narrative:

Mum said, she'd give me a month of trying, and if I didn't succeed or I wasn't good enough or if she thought I was unfit to be a mother at this age, then she would take over and I'd let her adopt Shiloh.

In this excerpt, the mother of the young woman (young mother) has taken on the negative discourse that her daughter may not be capable of raising a child. However, the fact that the young mother still has her baby two years on has demonstrated either that in her own way she was able to prove that she was ‘good enough’ [to raise a child] or she resisted the pressure from her mother to prove herself capable.

For some young mothers, the impetus to act with agency and resilience was marked by a distressing confrontation that required the young woman to go ‘beyond [her] self’, and with an exorbitant amount of courage to ‘protect’ or defend her unborn or newborn infant. For example, young mother shared her story of being raised by her grandparents until their premature deaths. At, which point, she turned to her mother from whom she had been estranged. The mother–daughter relationship had been fraught with difficulties stemming from a history of domestic violence, abandonment and abuse, yet the young mother initially

sought support from her mother when faced with nowhere else to go. When this did not work out, she again focused on her baby's needs and found alternative support.

I lived with my mum for a bit. And she's ... she started controlling me and taking over baby. Like, it was like her baby not mine, and everything had to go her way. She's coming from a place of wanting the baby all to herself and telling me go away.

Oh – so how did that make you feel?

So angry. I just felt like moving out and running away. But I packed up my baby and all the stuff and we ... I went to my baby's dad's house and I just lived with him ... (becoming quieter) 'cos I couldn't ... couldn't live there with her. And then this thing happened. She took my baby off me. She ... I rung the police and he got him back to me.

So what do you mean, "She took the baby off you?"

She ... she took him off me. She just grabbed him and said, 'You're not having him'. So, I didn't have him for like two weeks, 'cos she wouldn't give him back. So, I ended up ringing the police. Yeah, it was so scary. He was a month old when she took him off of me, and like, I used to go out when he was still a baby, and, um I went out and I came home that night. And when I woke up, I couldn't find my baby. I couldn't find him. He was with my mum, and I went and walked around, and she was drunk with him and he was like three weeks old.

Yeah, I was ... she was in town with him and she was drunk. And he wasn't home – she had taken him with her. Yeah, I was so mad, and she was walking up and down the streets with him, like she was wasted. He was like a newborn. I know. I was like so pissed off. And that's why I moved. Yeah. I packed all my shit and left.

The above incident described the turmoil that this young mother went through as she tried to secure a safe environment for herself and her baby. On one hand, she was a young person herself, in need of care and protection. On the other hand, when her infant son was taken from her, and his wellbeing was threatened, her protective instinct as a mother came to the fore, and she was able to put his needs first to secure his safe return. This scenario not only highlighted the courage of the young mother, but also illustrated the impetus to protect her baby. This story demonstrated a core strength that many of the young mothers appeared to

develop quite quickly, agency, maturity and resilience in the face of adversity. This incident also demonstrated the reality of homelessness and poverty that some of the young women confronted especially during the early phases of developing their mothering role.

In each of the excerpts above, I have highlighted how, as part of the journey towards becoming a mother, the young mothers displayed strengths that appeared to resist the negative discourse of teens being too young to be responsible parents. Their stories also demonstrated that although they were aware of the negative discourses surrounding teen pregnancy and mothering, they often chose to resist the dominant discourse leading to the construction of a strong mother role.

I now turn to discuss the second key theme that emerged from my analysis of what these young women said about their transformation and their experiences that led to their construction of their own identities as, not only mothers but, more importantly for them, ‘good mums’.

The meaning of being a mother

The young mothers shared their journeys of becoming mothers and what the meaning of being a mother held for them. The birth of their child was another moment when the young mothers were made conscious of the evolving of self. One described, in an almost philosophical way, how the birth of her daughter was a birth of her own ‘new self’. She explained:

When I held my baby in my arms for the first time. (Pause) The moment my baby was born, I was also kinda born. But different. I was me, but not like before. I thought, I’m a mum now. It was indescribable. I just can’t put it into words. It was crazy. I have someone who belongs to me, just me, and I belong to her ... in a way we are one.

The young mothers shared their journeys of becoming mothers and what that meaning held for them. Each young woman had her own personal and touching response to this phenomenon, and this was expressed at different times in her stories. The young women used expressions, such as “something to live for”, “hope”, “belonging”, “completeness” and “a life.” Being a mother gave them a purpose. Before the births of their children, they had struggled to articulate who they were or what their lives meant to them. In answer to my question: “What does it mean to be a mum to you?” One young woman responded:

To me it is everything. I mean, without my son, I wouldn't be here. I was going through quite bad depression before I got pregnant. I just wouldn't be here without him now. He kinda saved me in a way and just having him and I knew that ... you know.

Similarly, another young mother answered:

Ahhh, everything. Like literally, a whole new life. Before him I wasn't in a good scene. I wasn't with the right friends. I was ... my depression was really bad. I wasn't in a good place in life at all. And now, I just got someone to be there for (emotion in voice). And you know, before I do something, like done something stupid, you know without thinking, I think of him now. I just don't do those things. I don't try drugs or anything like that because I've got my boy to be there for. And I don't want him growing up thinking that's the right thing to do.

This young mother also acknowledged how having her son was a changing point for her. The realisation of “having someone to be there for” was the reason that the young mother self-reflects, thought of her child, and made choices based on what was in the best interest for her child and herself.

In this account, the young mother expressed her belief of the symbiosis, or interdependence, between herself and her child that was present at the birth. She described a reason that accounted for how she and her child had overcome misfortune and rallied for each other. How the young mother tells her story (the words she chooses, the emotion behind her words, “I made him ...a good thing” shows the construction of her identity as a mother.

When I asked the question: “What has motherhood given to you?”

One participant jokingly replied, “*Yeah, definitely to mature,*” Then elaborated on her answer:

Um yeah, I’ve become more mature and not thinking I’m the hottest thing around. My baby comes before everything. She comes first, I come second. [Pause]. Um, it’s like I didn’t exist before she was born. As a girl yes, but as what I am now and a mum – what I’ve become ... ing – no. [Smiles, then laughs] Yeah, well it’s what I think of it.

This highlighted not only the insight that this young mother was developing, but also the awareness of her evolving self, her new identity as a mother. In sharing her experience, she articulated the shift from the egocentric self, to one of putting another before her own self.

When answering the same question another young mother said:

For me, I feel complete. Like I’m somebody now. Where before....I don’t know it’s just... She’s the reason I’m living.

Another young mother also referred to the sense of completeness.

I would say that I was missing something- a part of me was missing. I don’t know how to describe it...but having Cassidy well she filled something in me... you know. I’m filled up in some way... I feel more together...complete. Yeah, that’s it. I’m part of something bigger, more important.

Bigger?

Yeah, somebody’s mum. That’s important, I reckon.

This sense of completeness was something that was alluded to by other young mothers. It highlighted the powerful niche of the baby in terms of what the child has provided in terms of assuming an identity. The strong statements signifying ‘a purpose’ and the importance of

something ‘bigger’, i.e. *somebody’s mum* add to the young mothers’ construction of their story of becoming a mother and what that meaning holds for them.

In another part of an interview, a young mother answered the following question without hesitation.

What has your baby given to you?

A sense of belonging I say. I didn’t know ... I feel like I have a place in the world now I have my boy, ‘cos I was sort of a drifter, I sort of hung out wherever, didn’t really do anything. Didn’t have any aspirations. But, yeah ... definitely, he has given me a future.

The significance of that statement prompted me to ask, “What do you mean by future?” She looked me in the eye and thoughtfully answered:

Like a meaning ... like a reason to stay here. Like when they say, ‘with life there’s hope’.

I encountered a familiar reticence with another young woman who provided a one-word answer to my question, “What has your baby given to you?”

Life.

I tried mirroring her answers in order to keep the conversation open as the next excerpt illustrates:

Life.

Love.

Love.

Yeah.

The above self-descriptions illustrated the powerful niche, or role that the child had in providing a life's purpose for the young mothers in my study. The way in which the participants described this, emphasised the reciprocal nature of the giving of life between mother and child, and highlighted the deep meaning-making of their journeys of becoming a mother.

Being more than just a mum: Being a 'good' mum

In the previous sections, I have described the ways in which young mothers that I interviewed talked about the impact that having a baby had on their sense of self. Even before I started individual interviews, I had found that young mothers were using phrases that seemed to resist negative discourses of infantilisation, contamination, and economic cost to society (e.g. "So what if I'm sixteen, I can look after my bubba" or "If someone acts all surprised that I got an Excellence (grade) in French. I say, Yeah, I am a mum, not brain dead"). When I reflected on their words, I was prompted to ask the question, "How would you describe yourself as a mum?"

In this section addressing the chapter's second theme, I present selections from the young women's interviews as they talked about the phenomenon that they described as 'being a good mum'. During their interviews, some young mothers alluded to the challenges that they faced when they felt they had to convince themselves and others that they were 'good mums'. Their reaction to these challenges is more evidence that they were resisting those negative discourses.

One young woman responded quite vehemently when I asked the question: 'How would you describe yourself as a mum?'

Um, I'm a good mum and I know it. I tell them go suck a dick. Sorry, I'm just straight up like that. So many people have told me I'm a bad mum because of my age. You would not be able to handle what I've been through these 17 years of life. So you have everything, you've got money, you've got a car, you have everything you need. And you tell me I'm a bad mum and you don't know half my story. And that's when I say, 'Oh just shut up'.

Her sense of self-efficacy is not only embedded in her response, but in the tone in which she spoke, boasting that others would not be able to handle what she herself had endured. I noticed her self-identification as a good mum and continued, "So what does a good mum look like?" The participant rocked back in her chair, furrowed her brow in thought, and answered:

There isn't actually a good mum. There actually isn't. By giving your baby everything he needs, you're a good mum.

Another when asked the same question smiled shyly and responded:

To have a child that sees I'm a good mum, and I've tried my best through her life and can give her as much as I possibly can. I know I'm a good mum 'cos honestly I always put her first. And make sure her needs are met.

The concept of a good mum is included in one young mother's response when she replied to the question: "Whose opinion do you value the most?"

Umm, my boy's I guess – yeah, his I guess.

What would he say about you as a mum?

I think he'd say I'm a good mum. He loves me a lot and he always says he loves me. It's cool. Whenever I go down to the kindy and ring the doorbell, he runs up and says 'Mum, mum'. He runs up to me. It's really cool. I think he thinks I'm a good mum.

Do you believe you are a good mum?

Yeah, I do.

And how would you describe a good mum?

Someone who puts their child before everyone else and wants to ... like, I want to better [my son], better my life for his sake. I think that's it. I think everyone who comes to the TPU is a good mum because they're establishing their future for their child by coming here. Someone who looks after their child, like feeds and bathes [them] obviously. That's a good mum.

So, if I was asking for a definition of a good mum, what would that be?

Someone who loves their child more than anyone else. Yeah.

Interestingly, for this young mother it was her child's opinion that she valued the most. Her perception of herself alluded to the fact that by creating a future for her child she was developing her positive image as a mother. Other young mothers who attended the Teen Parent Unit echoed this as well. Furthermore, they considered that providing caregiving routines (e.g. feeding and bathing) and loving their child were behaviours that contributed to their construction of the good mother identity.

The concept of being a 'good mum' was expressed in many of the young mothers' telling of their experiences. For each young mother, this concept seemed to be an important way to be perceived, not only by herself, but also by others. One participant shared her belief in herself as a 'good mum' as she described what it felt to be judged.

I had a lot of people look down on me I think. But, you know ... I knew I was gonna be a good mum. 'Cos you know, I knew what I wanted to do. Like I wanted to breastfeed. I wanted to co-sleep, you know. But most of it came natural to me, you know it came with loving him, I guess. Wanting to have that bond with him and, but yeah, I think I got judged quite a bit when I was a pregnant teen mum.

Again, we see the young mother resisting the dominant discourse of how others perceive her. She is firm in her identity as a 'good mum'. Her words convey her resolve that she was a 'good mum' because she "knew what she wanted to do," and that she believed in her inherent ability to mother; "it came natural to me". This inborn ability was attributed to the love that she had for her child and her self-efficacy was demonstrated in her ability to make decisions

that were important to her and in the best interest of her child. This self-awareness of her attributes contributed to her confidence and satisfaction as a mother.

As I listened to the experiences of these participants it seemed that I was not only bearing witness to the young mothers' changes in self in their journeys of becoming 'good mums', but also their strong intention of doing right by their children. Up until this point, I had used interviews with individuals, dialogue groups, and observations to encourage the voices of these young mothers to be heard. As a result of hearing their stories of the devotion to their children, the difficult circumstances they faced at times and their descriptions of themselves as 'good mums', I posed the following question, "If you were to write a letter to your child to open on their 13th birthday, what would it say?" Although they did not actually write the letter, they did have ideas of what they would say in such a letter. For this reason, I have written their response in the form of a letter.

Um, that basically I did the best I could at the age I had her. And no matter what, I love her with all my heart.



I have actually already written one of those when he was a newborn. And it was really cute. It took me a while to write it actually. 'Cos it was really hard to put into words how much they mean to you. I was pretty honest with him. I told him that mummy wasn't really in a good place before she got pregnant, but you've made mummy happy now. I love him and he is my world. And that's not gonna change, no matter what. I've got a tattoo of him and you know, it's the only name that I'd ever get tattooed on me, is his. He's always gonna be part of my life and he's my world.



Um, oh lots. The words I'd writethat he's made me a happy person. That I'm glad he's come into my life. That he's made my world complete. Ah, I can't remember what I've said now (laugh). Um, a lot, that I love him heaps.



Probably that I love her and I'll be there for her.

It'd say I'm so proud of him, for how far he's come. And how he's developed and how that he can speak another language. It's a really big thing for me. I just want to tell him how much I love him and that I'll always be here for him his whole life. If he ever needs me I'm always there ... yeah.



Um, everything I did was for him. Um, what I did was for him to know, whenever he gets stuck just text me and I'll be there. That's what I want him to know.



Figure 2: Letters the young mothers wrote to their children

While each ‘letter’ varied in scope and content, one aspect, or golden thread ran through all of the young mothers’ replies was the attributes of what being a ‘good mum’ would require. The attributes the young mothers identified: *love, self-sacrifice, gratitude* and *commitment* were characteristics of what they would say are a ‘good mum’. The overall feature of being a ‘good mum’ was the ability to put their child’s needs and wellbeing before their own. This aspect was evident in each young mother’s telling of their journey from the beginning of her pregnancy to the decision to return to school and complete her education so that she may make a better life for herself and her child.

Summary

This chapter describes the phenomenon of change that was experienced by the young mothers during their journey towards what they called becoming a ‘good mum’. The participants presented insights about their lives during this time, and the role their babies played in their transformation. They described the challenges that they faced, the decisions made, their ability to stand up and resist others’ biases, and their strengths. Themes that emerged from these descriptions were of their sense of agency, their resilience and their self-efficacy. They shared what it meant to be a mother and their aspiration for becoming a ‘good mum’.

My next chapter is a discussion and interpretation of the findings.

Chapter 8:

Discussion

I begin this chapter by restating the purpose of my qualitative study. It was to examine the perceptions of the transitions, or journeys through to motherhood of six pregnant and parenting young women who were attending a Teen Parent Unit in Aotearoa New Zealand and if that journey, had influenced their identities. The young mothers were invited to talk about their experiences, which were conveyed in the three previous results chapters. It was their openness and willingness to share their feelings and perspectives of life as a young mother that gave me the opportunity to witness what it was like 'living in their shoes'. The young mothers assisted me in interpreting their experiences by offering their perceptions and views about themselves, their families, and the people who had an influence on them during this time. Although each young mother had their own story and stories, in my research I have combined the voices of the young mothers into a collective experience to maximise the key aspects of their stories.

This collective experience or story, like any good story, included a beginning, characters, a setting, and an exposition, or sequence of events. For many the beginning of their young mother story was their pregnancy, or birth of their child. In addition, for many there was a climax or a turning point that they experienced as the process of change; a change inspired by the anticipation of a new life. While, normally, a story would have an ending, for these young mothers their story continues but for the purpose of this thesis, there is a conclusion (see next chapter).

Through the previous chapters, I have provided careful description to show the personal and social contexts intersecting the young mothers' lives namely, what has shaped their

experiences of life as a young mother, their educational experiences while participating in the Teen Parent Unit, and the process of change that they experienced as they became young mothers. In this chapter, consideration of the comments made by the participants about their experiences of becoming what they call a ‘good mum’ alongside my interpretations are presented using a thematic analysis and supporting literature. The discussion is framed around the three research questions, but organised and presented in four key themes, namely life as a young mother, perceptions of the Teen Parent Unit, the process of change and the young mothers meaning of being a ‘good mum’. While the first two themes were shaped by my initial research questions, the nuances within them and the compilation of the second two themes emerged from my conversations with the young mothers.

While the themes encompass much of the data, they do not have solid parameters and this means that some data span more than one theme. Thus, one area of discussion in particular, that is, support for young mothers, appears in two of the key themes: life as a young mother and perceptions of a Teen Parent Unit. This allows for exploration of similarities and differences within different contexts but risks the possibility of repetition. At this point I request the reader’s patience. At times, the reader will encounter similar data in two thematic sections and I invite the reader to attend to the nuances of each account. At times in this discussion, I raise implications. Finally, given the strength of comments by the young mothers about their change and aspiration to be a ‘good mum’, I also offer a conceptual model of this. This chapter concludes with a discussion of the limitations of the study and areas of future research.

Life as a ‘teen mum’

The first research question addressed in my study asks, “How do young women who attend a Teen Parent Unit in Aotearoa New Zealand say others perceive them as young mothers? A social constructionist assumption is that meaning is created and assigned within relationships and social interactions. Thus it can be seen that the young mothers in my study constructed the meaning of what it was to be a mother through conversations they had with a variety of people (other young mothers, family members, friends, partners, teachers and me (the researcher) and the discourses that society has about young mothers. This is in accordance with the work of Visser and Dreyer (2013) who argue that identity involves the construction and reconstruction of meaning through discourse and the stories we tell are made up of discourses about all that is encountered.

The construction of teen pregnancy and motherhood is positioned among a myriad of discourses, which are complex and have certain implications for society. These discourses have constructed the subject of the young or teen mother within certain economic, educational, political, and social frameworks. Most of the participants in this study showed they were aware of the dominant discourses about ‘teen mothers’. Their personal stories revealed challenges involved in making a life for themselves and their children by standing up to and resisting the many dominant and negative discourses that surrounded them. The analysis of the findings has highlighted that throughout their journeys of becoming mothers, the participants were characterised within discourses of stigma, and that this characterisation has had an impact on their identities as mothers. They spoke of the challenges and needs in their lives as young mothers. In the analysis of the findings three sub-themes of life as a young mother emerged: the stigma of being a ‘teen mum’ facing challenges, and the need for support. The participants’ comments are presented in *italics*.

The stigma of being a ‘teen mum’

The findings of my study revealed that the young mothers felt judged and stigmatised. According to Cherrington and Breheny (2005), the negative discourses for the pregnant and mothering teens are “powerful, constraining and difficult to resist” (p. 90). The young mothers in my study shared how being judged by others made motherhood at a young age even more difficult. For some young mothers, as soon as their pregnancies are confirmed they feel the sting of the stereotypical perceptions held by society. All the participants in my study discussed the reactions of others after they had shared the news of their pregnancies. For most, they expressed how this occasion was marred by negative responses from family and friends, who often expressed anger, disappointment, and shock. Comments from family members, professional personnel, and even strangers, that insinuated they were too young to mother a child, or that assumed the decision to abort was the only viable option, were experiences shared by many of my participants.

Many of the young mothers expressed a personal opposition to terminating their pregnancies. Their moral objection to termination was evident in their strong reactions, i.e., *It’s killing*. These findings resonate with those of Ellis-Sloan (2014), who has proposed that such moral oppositions were used by young women to defend their self against stigma. Furthermore, she stated, using pro-life sentiments were one way for pregnant young women to be seen more positively. Such sentiments can also be explained because the young women had made the responsible decision i.e., choosing motherhood, which in the opinion of some, is seen as an optimal, selfless decision (Ellis-Sloan, 2014).

Other research (Arai, 2003; Thursby, 2007) provides a different reason for choosing motherhood over termination, one in which the decision to choose motherhood at an early age is often seen as a perceived benefit. In their studies, early motherhood was seen as

restorative, especially if the young women experienced childhood adversity. The young mothers in my study reported that they did not intentionally become pregnant; however, many did identify hope for the future and the opportunity to change their lives as motivating factors in their decisions to remain pregnant.

Throughout the scholarly literature, researchers have acknowledged that young mothers have been perceived in stereotypical ways and subject to discrimination (Ellis-Sloan, 2014, Fonseca, 2007, Leese, 2016; Pillow, 2004). This is also demonstrated in my research as the young mothers shared incidents where they felt stigmatised and/or judged for being a young mother. They revealed that they were aware of their position as a ‘group of mother’, i.e., young, seen in stereotypical ways as being ‘sexually loose’ and on the Young Parents’ Benefit.

The young mothers in my study also described their experiences of feeling judged by society in public places, such as hospitals, social service agencies, shops, and even bus stops. They reported that these stigmatising incidents were difficult to endure. Some of the incidents they shared included feeling ‘unseen’ at the birth of their baby when questions were directed toward the young woman’s mother, rather than the young mother herself, or times when they were demeaned or shamed by medical staff. This was evident in the example of one young mother who described the experience during a paediatric visit, when the doctor turned to the young mother and said, “You wouldn’t understand, you’re just a teenager.” Such a condescending comment that positions her as an “inept, irresponsible” mother perpetuates the discourses shrouding teen motherhood, devaluing her identity as a mother. These findings are similar to those described in a study by Ellis-Sloan (2014) where she investigated the stigma attached to young pregnancy and parenting. She highlighted an incident reported in a study by Fessler where a young woman had been refused an epidural because the attending

physician believed that “she needed to be deterred by the pain of birth from another teenage pregnancy” (p. 2). An implication that arises from this incident is the importance of questioning one’s own beliefs on teenage pregnancy and parenting. The consequences of having such biases can mean young mothers are reluctant to seek support or withdraw from support services, thereby increasing the likelihood of poor outcomes for mother and child.

Related to this stereotypical positioning of young mothers, in my study, it seemed to be the *young* age of the mother. This evoked the most enmity from society towards pregnant and mothering teens. This finding supports the research conducted previously (Clark, 1994; Maynard, 1997; Phoenix, 1991) and more recently (Fonseca, 2007; Ellis-Sloan, 2014; SmithBattle, 2013; Yardley, 2008) where researchers concur that the most prevalent stigma that young mothers had to face was the “discourse of infantilisation” (Clark, 1994) and a public discourse of the stereotype ‘kids having kids’ (Maynard, 1997). Fonseca (2007) argues that the discourse of infantilisation calls our attention to the age bias, “permeating our thinking as it transects gender, race and class” (p. 191). Indeed, the young mothers in my study felt stigmatised because of their young age. Consequently, it is the young age of the mother that links them to the negative discourses/stereotypes as being negligent, dependent, and immature. The findings of my study are similar to others (Fonseca, 2007; Hindin-Miller, 2012; Yardley, 2008) who also found that the discourse of infantilisation carried insinuations of irresponsible parenting. Interestingly, however, in my conversations with the young mothers in my study, they demonstrated that they were cognisant of others’ perceptions, but asserted that they themselves did not accept this view. They either engaged in passive coping mechanisms, such as ignoring the comments or self-identified as a good mother, as in the case of one young mother who exclaimed, *Um, I’m a good mum and I know it* or they stood up to or resisted other discourses that confronted them in ways that will be discussed later in the chapter.

Challenges

While telling their stories, the young mothers often shared accounts of the challenges they faced as new mothers, which they attributed to the difficulty of coping with the responsibilities of being a new mother. Two main challenges that they experienced were difficulty coping after the birth and dealing with limited finances.

Difficulty coping after the birth

Early comments about challenges were described as the demands of motherhood and, in some cases, postnatal depression. Given the high rates of postnatal depression among adolescent mothers, (Clare & Yeh, 2012; Hewitt, et al., 2009; Leese, 2016; McGuinness et al., 2013), it is not unexpected that the young mothers in my study willingly shared their stories of trying to meet the needs of their babies while trying to cope with their own feelings of sadness and anxiety.

McGuinness et al. (2013) found that teen mothers who developed postnatal depression reported “less confidence and satisfaction in parenting thereby placing the child in jeopardy for a less nurturing and responsive environment” (p. 16). The young mothers in my study reported having feelings ranging from ‘baby blues’ to feeling disconnected from their child. Some of these participants, who had had a history of depression in childhood or adolescence, felt their condition had been exacerbated after the birth of their child. McGuinness et al. (2013) emphasised that the period after birth of the baby is a vulnerable time in an adolescent mother’s life, and has advocated for support services, such as counselling to be made available to young mothers. For the young mothers in my study, the array of support services, including counselling that were offered appeared to reduce negative social and psychological effects of teenage pregnancy and parenting. This had a positive influence on the educational

achievement of the young mothers, and contributed to the wellbeing of both mother and child. The comments about how important the support services were for the young mothers in my study will be discussed later in this chapter. Here, however, I continue to discuss the challenges they faced within the sub-theme of dealing with limited finances.

Dealing with limited finances

The findings of my study revealed that for some pregnant and mothering teens, providing for the basic needs (shelter, food, and clothing) of their children and themselves was a challenge. An analysis of their comments, highlight that the majority of young mothers in my study were often stressed trying to provide the necessities of life. As reported earlier there is a considerable and conclusive body of research describing young mothers living in conditions of poverty and constant worry and the harmful impact this has on the lives of these young mothers and their children (De Jonge, 2001; Gibb et al., 2015; Maynard, 1997; Phoenix, 1991; SmithBattle, 2007b).

Studies by Phoenix (1991) and De Jonge (2001) both found that young mothers faced major problems; and that those problems were predominantly financial. Their findings highlighted the complexity of living for young mothers who live in poverty, assume responsibility for protecting a vulnerable child, and increase their financial dependency on others. Amod et al. (2019) who researched young mothers' perceptions of support noted similar findings whereby mothers in their study spoke about the financial hardship that they and the families in their study experienced. Their participants suggested that the government funding was not sufficient to meet all the needs of their babies and "expressed the guilt that they felt for placing their families under financial strain" (p. 10). The young mothers in De Jonge's study articulated their expectation of receiving a benefit that would allow them to make ends meet.

Furthermore, she suggested that a minimum standard of living payment should be considered and agreed upon. These findings underscore the growing concern of child poverty in developed countries, such as New Zealand. Boston (2014) confirmed that children living under such conditions in poor families face a much greater likelihood of going without meals, greater risk of illness, and are at greater risk of mental health issues.

Presently, many young parents in Aotearoa New Zealand receive the Young Parents Benefit. The Young Parents Benefit is expected to assist parents who are aged 16-19 years old. There are certain conditions that the young parent must meet, i.e., be a New Zealand resident or permanent resident, be in full time education or training or work-based learning environment, attend a parenting course and attend a budgeting course. The young mothers in my study who were eligible for this benefit, described their financial positions to confirm that the current rate of payment (Benefit) was not sufficient to cover their everyday expenses. Consequently, some of them were living in poverty. The implication is that the benefit was insufficient to cover everyday expenses of the young mothers. This supports the findings in the report by Douglas and Viles (2015) *Young People Facing Housing Deprivation in Palmerston North: A Crisis?* They found that young people on Young Parents payments struggle financially and face discrimination for being young parents.

While the prevalence of young women and children living in poverty is unacceptable, it was interesting in my study that this challenge encouraged strength and resilience as the young mothers balanced the responsibilities of parenthood while meeting their child's needs. One young mother, when asked if she thought the Young Parents Benefit was enough to live on, invited me to see for myself, and subsequently gave me a breakdown of her expenses. A quick calculation determined that the amount she received did not cover her modest expenses. This reality caused some young mothers to borrow money on a regular basis or, in one

mother's case, resort to stealing to provide the necessities for her child. This finding highlights the ability of the young mothers to provide for their children, even though it may be through unconventional means. My findings support those of McDermott and Graham (2005) who argue that young mothers often negotiate their selfhood by meeting the needs of their child by whatever means they deem appropriate. Through exploring the lived experiences of the young mothers, my study found that the young mothers did not want to be a burden on society. On the contrary, the young women wanted to be independent, educated and employed.

The need for support

The second research question addressed in this study asks, "What do young woman attending a Teen Parent Unit deem as helpful supports?" The young mothers in my study spoke of the need for support, reassurance and guidance when they first became a mother. Receiving support from family was a significant factor in the transition to motherhood for many of these young mothers. The material and emotional support offered from their families was vital in helping them manage the demands of parenthood.

Emotional support

The findings of my study revealed that the emotional support they received from immediate family members (mothers, fathers, sisters and other relatives) was the main and most beneficial source of support for young mothers. The young mothers shared accolades, such as, '*My mum has been my rock*' or '*I had really good family support*'. This resonates with other researchers (Figueiredo et al., 2006; Hess et al., 2002; Leese, 2016; Piccinini et al., 2002) who found that adolescent mothers often relied on support from their family and that there was a co-relational effect between positive mother–grandmother relationships, which

created a sense of wellbeing and acceptance of the mothering role. This was evident in the example of one young mother who identified her grandparents as the ones who offered her support when she first announced that she was pregnant, stating, *‘They would always be there for me.’* This example resonates with comments of Jacobson (1986) that it is important for the adolescent to feel secure in knowing that there are people in her environment, who will be available to offer care and security. Jacobson explained that, although an adult has a need for an attachment figure, it is only “activated when the individual’s well-being is threatened” (p. 257). Research by Seo (2016) also supports such findings with comments that young mothers who are supported by their families and community are in a better position to overcome disadvantages and develop resilience. In addition, Leese (2016) found that for the young mothers in her study their transition into motherhood was influenced by the “level of support that was available from family and friends; consequently, when this support was not available, it became problematic” (p. 527). Pellegrino (2015) also discovered that adolescent mothers whose environments provided the adolescent with social support experienced more positive outcomes of motherhood. Through the support offered by families, the young mothers in Pellegrino’s study developed resilience and/or attained high school diplomas and became gainfully employed, thus challenging the old negative discourse that young mothers are a burden on society.

The findings of my study suggest that young mothers recognise their essential need for support and that sometimes this means they seek out support from unanticipated avenues. For example, some who were estranged from their family would often reunite in order to seek support and to provide for their baby’s wellbeing. This finding is similar to that of Blake and Beard (1999) who suggested that the experience of pregnancy can act as a pathway for reconciling fractured relationships that can be replaced with supportive, positive ones. Other researchers (Callan & Dolan, 2013; Leese, 2016; Shea et al., 2016) reported that young

mothers tend to rely heavily on their families, in particular their mothers, for assistance during pregnancy and beyond. However, SmithBattle (2000) cautions that a young mother's dependence on their family can have both favourable and unfavourable effects. On one hand, reliance may enhance the young woman's wellbeing and aid in achieving a goal, or it may be seen as less than positive, causing conflict between the young parent and family members. This is mostly apparent when the assistance is experienced as being intrusive or interfering in the young mother's ability to parent effectively. The young mothers in my study also reported this. They shared their experiences of stressful times when they felt torn between being seen as a capable mother by being able to do things on their own, and conversely being seen as incapable when needing assistance to help with caring for their child. Brodsky (1999) supports the view that the stress of family involvement can adversely affect the transition to motherhood for adolescent mothers. The implication of this is that we should be aware that asking for support is sometimes challenging for young mothers. And, more importantly, we not assume that asking for support is an indicator that a young mother is unfit or incapable of mothering.

Material and social support

Jacobson (1986) asserts that the support offered through services (material support) to help with the everyday realities of being a young mother is essential for the wellbeing of young mothers. Furthermore, he suggests that social support is one of the most critical needs for young mothers and is often met through resources or social relationships (Jacobson, 1994). Blake and Beard (1999) found that social and material support can be provided to the young mother through various networks of people including those in the medical, social services, and educational professions. The findings in my study revealed that the young mothers

sought, or were offered, professional support from a number of services, such as midwifery, social workers, nurses and community education programmes.

The responses of the young mothers in my study indicated the high regard they had for the personal support offered, particularly by midwives and social workers. One young mother in particular valued the relationship that she had formed with her midwife that continued during the postnatal period. The young mother who was committed to breastfeeding her infant appreciated the emotional support she received. Moran et al. (2006) describe emotional support as “being cared for” (p. 166) and advocate the importance of providing one-to-one support to young mothers who are breastfeeding is valued for “making them feel good about themselves” (p. 167).

The young mothers in my study also appreciated the support that they received from social workers. In many cases, the social worker was described as someone who was empathic to the young mothers, offered unconditional positive support and helped them cope with daily challenges. The social worker often acted as an advocate, i.e. resolving issues with housing, accessing benefit entitlements and support from community food banks. This finding endorses that of Dale (2013) whose research participants reported that they appreciated the support they received from social workers within a Teen Parent Unit. Similar to the young mothers in my study Dale’s participants noted that social workers used counselling skills to help them explore options and assist them to make informed decisions. They also assisted them with practical matters, such as access to benefits and liaising through Housing New Zealand. The active presence of a social worker in the Teen Parent Unit enhanced the experiences of young mothers by increasing their ability to complete their studies and supporting their role as mothers.

Access to other services was also made available through the supportive environment of the Teen Parent Unit. The young mothers appreciated having access to medical services, such as contraceptives, and well-baby checks. The teachers of the Teen Parent Unit when required also facilitated referrals to other agencies, such as Housing New Zealand, and Work and Income New Zealand (WINZ). The young mothers in my study valued the specialist knowledge and services that were offered to them through the Teen Parent Unit. Likewise, the ability to have a teacher who supported them through the processes, which may otherwise have been daunting for the young mother, was also valued. This finding supports that of Stodart (2015) who found that important issues such as benefits and housing were best dealt by appropriate agencies.

The added benefit of receiving social support from the other young mothers was an important aspect of the Teen Parent Unit. Young mothers described the relationships they formed with other mothers as being brilliant, and supportive. One young mother who had experienced a history of bullying since primary school; proudly stated, *They're my besties* and another said, *I have amazing friends here*. These findings are also similar to those of De Jonge (2001) who found that the participants in her study believed that a support group, which met regularly, would provide them with an opportunity to make friends, give each other emotional support and an opportunity to hear presentations on specific topics related to young motherhood. In my research project, the dialogue group provided the young mothers with the opportunity to not only hear presentations on particular topics related to mothering, but also young mothers had the opportunities to discuss and share experiences with their peers about the realities of being a young mother. They spoke about the bonds they had with other young mothers and for some the support and friendship extended beyond the Teen Parent Unit. Similarly, Fonseca (2007) reported such support among peers was beneficial to young parents and that the support offered extended beyond the classroom.

Offering the young mother a combination of support (emotional, material, social, and professional) not only contributes to favourable outcomes for the young mother and her child, but also assists with her adjustment to the mothering role, thus supporting her identity as a capable, effective mother. Researchers who support this view (Dickinson & Joe, 2010; Pilat, 1997; SmithBattle & Leonard, 2012) concur that an important factor to consider is that young mothers who have had positive life outcomes or substantial gains were the ones who were offered (and accepted) resources and supports. The implication is that by attending the Teen Parent Unit the young mothers have accepted resources and this was a step in the direction of such positive outcomes.

Guidance and reassurance

With the need for support comes the young mother's need for guidance and reassurance. The participants in my study claimed that a need for guidance during the neonatal period was important for developing their competence as a new mother. The young mothers thought that having someone who was experienced, and could offer them advice but not take over, was crucial in their transition to motherhood. Some articulated the need for reassurance that they were doing it [caring for their child] "right". Furthermore, although they were aware of their young age, they stressed that they were capable in their abilities to mother, but appreciated reassurance that they were 'doing it right'. According to the research (McDonnell et al., 2007; Dickinson & Joe, 2010) offering strength-based approaches can have a positive influence on mothering and how they respond to their children and life situations. Furthermore, Stodart (2015) advocates for the helpfulness of a mentor in the lives of young mothers, that is, someone who can support the young mother by assisting her on the journey of motherhood. In my study, not only the social workers, but also the teachers in the Teen Parent Unit often

filled the role as a mentor in the young mother's life. This finding will be further explored later in this chapter.

Another type of support for young mothers comes in the form of an empathic listener. Stodart (2015) also found that trust, that is a feature of empathic listening, is an attribute that is highly valued among young mothers. The importance of truly listening was also demonstrated in my study with the example of a conversation with a young mother who had shared why she had become distant, for a short while, from her infant. This example highlighted for me that I needed to be a respectful listener when I participated in dialogue groups and interviewed the young women.

The young mothers appeared to appreciate the time and the empathy I was showing as I listened to their stories, their anecdotes of motherhood, the milestones of their children, and the day-to-day happenings in their lives. They mentioned how much they liked being heard, with comments, such as, *Thanks for listening me go on about Flynn. It's good to have a yarn (conversation) about things*, or *You never get bored of me going on about stuff*.

MacNaughton and Williams (2004) offered Hennings' view of listening "to listen is not just to hear; it is the active construction of meaning from all signals- whether verbal or non-verbal that a speaker is sending (p. 115). Moss, Clark, and Kjörholt, (2005) elaborated on the idea of listening suggesting, "listening can be understood as a culture or an ethic; a way of being and living that permeates all practice and relationships" (p. 5).

It is through empathetic listening that we can bestow an ethic of care for our young mothers. One that offers the support they need, and the guidance and reassurance they so often appreciate. They believed that the best support they could receive was to be listened to, to be understood for who they were, what they wanted to achieve, and what they wanted to

become. This finding is similar to that of Korfmacher and Marchi (2002) and Leese (2016). Korfmacher and Marchi recognised the value in the “language of relationships” (p. 21) when supporting young women who are also young mothers. *Being that person who listens to me even when I’m bolshy* (difficult) and *Has your back and really cares* are important to the developing identities of young mothers in my study. Leese (2016) highlighted the importance of listening to what young mothers say about their experiences in order “to identify the appropriate support to mediate the challenges that they face” (p. 521). The work of Stodart (2015), who explored the relationship between Plunket nurses and young mothers, supports my findings and reiterates the fact that young mothers appreciated an adult “who was non-judgmental and supportive and had a relaxed, easy manner” (p. 19). Stodart concluded that if the young mother “trusted the nurse, she was more likely to talk about everything in her life, including family violence, drug-taking and not feeling safe at home” (p. 19). It is evident in my findings, that these trusting relationships helped the young mothers to develop confidence with their new role. While they often faced difficult circumstances, they also showed tremendous strength and resilience as they balanced the responsibilities of motherhood while meeting their own needs, i.e., attending the Teen Parent Unit. An implication is that we need to offer these young mothers trusting relationships. This Teen Parent Unit was regarded as a valuable resource of support and was influential in shaping the identities of the young mothers.

Perceptions of a Teen Parent Unit

The findings of my study reveal that the Teen Parent Unit was a source of support for the young mothers who were dealing with a variety of aspects relating to young pregnancy and parenting. Support services in the areas of counselling, health/medical, and other agency support were made available to the participants within the context of the Teen Parent Unit.

This was evident in the comments of one young mother who identified that the Teen Parent Unit was her main source of support after the birth of her baby.

My study indicates that one of their greatest strengths of being a young mother was what they called resisting the urge ‘to do it easy.’ They believed that making a conscious decision to attend the Teen Parent Unit in order to achieve an education was the more difficult choice. This finding supports other research, which shows that young mothers display the determination to resist the dominant negative discourse and to embrace the resilience discourse by overcoming adversity in order to achieve an education (Fonseca, 2007; Hindin-Miller, 2012; SmithBattle, 2006; 2007a).

Zachry (2005) noted that young mothers’ experiences of school after motherhood included the realities of the challenges of parenting and engaging in study for most young mothers. She said the participants’ decision to remain in school was driven by their commitment to provide a better future for their children, even though the stress from childrearing weakened their resolve to remain in school. Likewise, Pilat (1997) identified the dispositions of courage and true grit in the young mothers in her study who attended school carrying baby bottles and textbooks, in order to provide a better life for their children. Hindin-Miller (2012) promotes the view that the neo-liberal discourses, alongside the youth-at-risk concerns, and the importance of early education programmes as socio-political influences serve to create a “political climate receptive to the state support of alternative schools for young parents” (p. 47) such as the Teen Parent Unit .

However, other authors suggest, the ‘school within a school’ programme may be viewed as a model that perpetuates the discourse of ‘pregnancy as a contagion’ (Pillow, 2004; Wong, 1997). They claim that it firstly recognises the pregnant and mothering young as one with

‘special needs’, and secondly attempts to meet their educational needs in a segregated setting, thus perpetuating the discourse. In my study, free full-day regular schooling for pregnant and mothering teens was provided under Sections 3 and 8 of the New Zealand Education Act of 1989, which states people who have special educational needs, whether from disability or not, are entitled to a free education at a state school (Baragwanath, 1997). The Teen Parent Unit may be thought of as a context that perpetuates the discourse of ‘pregnancy as a contagion’ because it separates young mothers and their children from other adolescents. However, this is counteracted in that the Teen Parent Unit is often located adjacent to a regular high school, and it offers the students the opportunity to attend academic classes in the regular high school. In New Zealand, the separate setting of the Teen Parent Unit allows the education, social, medical and parenting needs to be met in context, thus becoming an educational setting that offers the least restrictive environment for pregnant and parenting students. This is supported by the research conducted by Vaithianathan et al. (2017) who found that young women who enrolled in specialist school-based services, such as the Teen Parent Unit, that “were designed to meet the needs of teenage mothers can substantially raise the achievement levels of teen mothers who do enrol in school” (p. 7). Vincent (2016) agrees, advocating that educational alternatives support better scholastic outcomes for pregnancy and school age mothers.

My findings revealed a number of positive outcomes from enrolling in the Teen Parent Unit. Two particular outcomes that the young mothers in my study spoke about were gaining an education and forming meaning relationships.

Getting an education

The main reason for the young women enrolling in the Teen Parent Unit was to achieve educational qualifications so they can make a better life for their children. Some of the young

mothers had become disengaged from school before they became pregnant. Young mothers shared accounts of being bullied, having trouble learning and personal issues (conflict with friends or family) as reasons for leaving school. Most of the participants who enrolled in the Teen Parent Unit during their pregnancy cited the anticipation of becoming mothers, and making something of their lives for their children, as the incentive to return to school and receive qualifications. This finding is similar to research by others (Rawiri, 2007; SmithBattle, 2006, 2007a; Vincent, 2016; Zachry, 2005), which found that many young mothers recommit to school during pregnancy, or after the birth of their children, realising that a high school qualification is a prerequisite to future employment. Previous research on young mothers' educational opportunities revealed that pregnancy and childbirth often act as a turning point for young women to return to school to achieve necessary qualifications to provide a better future for their children (Fonseca, 2007, Hindin-Miller, 2012; Pillow, 2004; Zachry, 2005). A participant in Zachry's study stated, "I need my education...because now I have a child to look out for" (p. 2588), a comment often echoed by my participants. Similarly, Amod et al. (2019) found that the young women in their study remained focused and committed to completing their schooling as their main coping strategy. As one young mother commented, "I am going to work even harder at school and actually finish school then get a job" (p. 10). I will now discuss the second positive outcome mentioned by my participants – that of relationships.

Finding meaningful relationships

Identities are formed in relationship with others. The social constructionist view is that our understanding and beliefs are constantly shaped within the context of relationships. The results of my study revealed the value of relationships and how these relationships influenced the young mother's identities and that this process led to their construction of a self as, what

they called, ‘a good mum’. This aligned with the bicultural pedagogy of the Teen Parent Unit setting. One bicultural value, that of, whanaungatanga (relationships) was an integral part of the culture of the Teen Parent Unit and ECE centre. Through my observations, I believed that the staff in both settings were committed to building positive working relationships with the adolescent learners and their children. This value increased a sense of belonging, wellbeing and enhanced the relationships participants had with each other and the wider learning community (Williamson-Garner, 2015). These findings support those of Hindin-Miller (2012) who found that the participants in her study noted a “sense of family” and “safety and security” when describing the Teen Parent Unit all of which Hindin-Miller believed “contributes to a sense of well-being and belonging.” (p. 172). The young mothers, in my study, spoke about three relationships that held meaning for them relationships with the staff of the Teen Parent Unit, relationships with other young mothers and relationships with the staff in the ECE centre.

Relationships with the Teen Parent Unit staff

The findings of my study suggested that for some young mothers, the opportunity to form a relationship with a teacher at the Teen Parent Unit that was built on trust and mutual respect offered the opportunity of ‘earned attachment’ (Pearson, Cohn, Cowin and Cowin, 1994). Earned attachment is a term coined by Pearson et al. to describe the relationship between an adult and young mother that offers a ‘second chance’ in creating an attachment between a ‘significant other’. This set the tone for, and could promote, optimal attachments between the young mother and her baby.

When I began this research, I had the assumption that the earned attachment would develop between the young mother and her child’s primary care giver (an assumption built on my

education and experiences). However, by allowing the young women to voice their perceptions, an alternate interpretation emerged. For many of the participants, it was the relationship between the young mother and the teacher of the Teen Parent Unit that held this significance. The interesting aspect about this bond was the importance it held for the young mother.

A journal entry described my thoughts at the time.

I can't help but think of the bicultural context of ECE within Aotearoa New Zealand and the effect it has on my study. I agree that being very special to the people who care for a child/tamaiti is the right of every child. The feeling of being special provides the tamaiti not only with a developing sense of self, but also one of belonging. I believe that this sense of belonging/mana whenua for both mother and child is accentuated by the primary caregiving relationship. I wonder what this sense of belonging has on the teen mums' identity of becoming a 'good mum'.

In my study, the findings revealed that the young mothers valued the support of the teachers in the Teen Parent Unit. They viewed teachers as mentors, someone they trusted, who they confided in and whose opinion they respected. The teachers guided and supported the young mothers during their first year(s) of motherhood, adding to their positive sense of self as mothers. This is evident in the examples by three young mothers when I asked whose opinion they valued the most. *Kathy, [TPU teacher] I will listen to her. If she tells me to do something, I will do it. Because she has been there for me since the day I got here.* Another replied: *Um... the people here at the TPU Kathy and Susan.* Another young mother commented: *Kathy is one of the biggest supports in my life outside of the TPU. She's a major support in my life. I love her to bits.* These accounts of what the Teen Parent Unit teacher meant to these young mothers were testimonials of the dedication and commitment of the teachers that went beyond the typical teacher/student relationship.

In my observations of, and interviews with, young mothers, it was apparent that this relationship went beyond the values of respect and trust to embody a type of caring that was both reciprocal and supportive to the young teens' developing identities as mothers. I observed the teachers' unconditional support for the mothers. This support combined with the teachers' warm presence and knowledge promoted self-efficacy, which in turn encouraged positive identities in the young mothers as being competent and caring mothers. This finding is also similar to that of Hindin-Miller (2012) who described the impact of the unanticipated care and support of the Teen Parent Unit teachers on the transformation of the women's sense of selves as successful learners, as valuable young women and more importantly "as 'good mothers' with hopeful futures" (p. 186).

Hindin-Miller (2012) in her study of young women's narratives of motherhood and educational support, argued that it is the Māori culturally responsive pedagogies of learning and development that offered the women the opportunity to "blossom" and refashion their identities not only as successful learners, but also as good mothers. During my study I, too, noticed and acknowledged the principles and concepts of te ao Māori, which served as a whāriki "a mat for all to stand on" (Ministry of Education, 1996; 2017). The whāriki reflected in both the ECE centre and Teen Parent Unit, wove together the models of child and human development from a te ao Māori view. These are based on Te Whare Tapu Whā (Durie, 1998) and Te Wheke (Pere, 1991) which, as explained in Chapter four and Appendix H, encompass the body, emotion and mind, spirit and family. Alongside this relationship with other staff in the Teen Parent Unit, the young mothers described the importance of relationships formed with the other young mothers in the Teen Parent Unit.

Relationships with other young mothers

In my study the importance of the relationships formed with other young mothers, enhanced the confidence of young mothers to express ideas and assist others. This was evident by one young mother who spoke about how invaluable the advice was that was given by other mothers. Hindin-Miller (2012) likewise found that the participants in her study appreciated the opportunities to share their experiences as young mothers, which in turn, “supported, affirmed, and normalised their own identities as parents” (p. 206).

Participants in a study by Dickinson and Joe (2010), who investigated a support group for pregnant and parenting teens, identified the benefits of being socially connected to other young mothers. They suggested that this social connection serves to create a sense of belonging, which enhances the young women’s positive sense of self, and affirms their identities as mothers. Fonseca (2007) noticed in her observations of young mothering teens that the support among teens was quite evident. Participants shared their experiences of being a mother, and assisted each other with meeting their responsibilities inside and outside of the classroom. In my study, opportunities to share their experiences and to be socially connected to other young mothers were two important benefits identified by the participants. Furthermore, the young mothers described the importance of the relationships with ECE staff.

Relationships with ECE staff

An examination of the interviews of the young mothers’ experiences of their child’s involvement in a primary-caregiving system revealed three aspects that appeared to affect how the young mothers perceived the relationship between their child and his or her primary caregiver (teacher). These aspects are the value of the relationship, trust, and partnership. The young mothers in my study discussed the intimate relationship between the primary caregiver

and their child, and the importance of these to them as the child's mother. They valued the care their children received, but they also appreciated that their child was loved by their primary caregiver.

The responses of the young mothers in my study resonated with those of Page (2011) who explored the question; "Do mothers want professional carers to love their babies?" The mothers in Page's study intimated that the "relationship between the child-carer and the child was of vital importance" (p. 316). Other researchers (Barnes et al., 2006; Dalli, 2006; Page, 2011; Noddings, 2003; Vincent, Braun, & Ball, 2008) have, likewise, discussed the importance of viewing love as a critical component of what caregivers and ECE teachers do, and what Dalli (2006) refers to as a 'pedagogical tool' to foster and maintain responsive and reciprocal relationships between teacher/primary caregiver and the child. The primary caregiving relationship is one in which the child is seen as 'being special', and is based on the values of trust and respect. In my observations, and in interviews with young mothers, it was apparent that this relationship went beyond the values of respect and trust to embody a type of caring that was both reciprocal and supportive to the young mothers' developing identity as a mother. On reflection, I believe this was underpinned by the teachers' understandings of the cultural value of *manaakitanga*, which was evident in their professional practice (Williamson-Garner, 2015). Ritchie and Rau (2006) believe that this is an important bicultural concept and propose the view of Mead (1994) that "all *tikanga* are underpinned by the high value placed upon *manaakitanga*-nurturing relationships, looking after people, and being very careful about how others are treated" (p. 18).

Trust is central to interpersonal relationships. One finding emerging from my study was that the young mothers valued the trust between themselves and their child's primary caregiver. Likewise, De Jong and Cottrell (1999) have reported that teen mothers are more likely to

keep their young children enrolled in early childhood programmes when they trust their child's teacher and other staff members. Not surprisingly, the element of trust is seen as important in parent-teacher partnerships (Arthur, Beecher, Death, Dockett, & Farmer, 2015; Dunst & Trivette, 2010; Stonehouse & Gonzalez-Mena, 2008; Weir, 2014). These authors agree that communication is integral to positive partnerships and that effective communication is a vehicle for establishing trust. The findings in my study support the view whereby the young mothers articulated the benefit of communication, and appreciated the efforts that their child's primary caregiver made in fostering effective communication. They appreciated the time their child's primary caregiver took to connect with them at the end of the day, sharing anecdotes of what their child was involved in while at the centre. I have already noted that the effort and commitment from the primary caregiver/early childhood teacher goes above and beyond the ordinary in forging supportive relationships between the young mother and their child's early childhood teacher, and has an impact on how the young mother views herself as a mother (Williamson-Garner, 2015).

The findings of my study also revealed that genuine caring relationships and trustworthiness were two factors that the young mothers valued. During my observations in the research setting, I noticed an integral component of a partnership which, according to Turnbull, Turnbull, Erwin and Soodak, (2006) is the equality between parents and teachers whereby all parties work together to achieve a shared understanding, or what is described as a "collective wisdom" (p. 110) for the benefit of the child. This view upholds that parents are knowledgeable about their children and "have valuable insights that may enhance teachers' understandings of individual children within early childhood contexts" (Cooper, 2014, p. 15). Grey and Clark (2013) promote this view and emphasise the importance of listening to a parent's educational hopes and values for their child. Viewing as the 'expert on their child' can strengthen the parent-teacher relationship, which often results in having a positive effect

on the mothering capabilities of the young mother. There were many instances where I observed this parent-teacher relationship and its contribution to the confidence of the young mothers' parenting capability. Wu (2013) states that when teachers regard parents as "critical friends and value their opinions" (p. 81) they are more inclined to appreciate the input that can offer about their children. *Te Whāriki* (Ministry of Education, 2017) affirms that parents/whānau have much to offer in regards to partnerships with teachers. The potential for partnerships to be unsuccessful is heightened when the unique and special needs of the young mother are not realised (De Jong, 2003; Williamson-Garner, 2015). However, this was not the case for the young mothers in my study. One young mother did say that she did not have a close relationship, but qualified her response saying, that it was not negative.

The findings of my study resonate with that of Dickinson and Joe (2010) who describe how a mixture of professional and social support contributes to the favourable outcomes for young mothers in their adjustment to parenting and in the quality of relationships that they form with their children. In my study, the relationships that the young mothers identified as being important, not only had a similar combination of professional and peer support; but the young mothers also suggested it was within the contexts of the relationship that they felt valued. This feeling of being valued contributed to their growing identity as a 'good mum' leading to positive outcomes for themselves and their children.

In summary, in my research project, I witnessed that for many young mothers in this study the Teen Parent Unit had been an environment in which they felt accepted and that their emotional well-being had been nurtured. This awareness had given them a sense of personal worth that their mothering practices were appreciated. An implication is that the extent to which personal worth is developed does not depend on past behaviours or ability, but rather on the view that each day holds the promise of a new beginning with the opportunity to know

better and to do better mothering. Additionally and more importantly, I discovered what the meaning of motherhood held for the young mothers through the process of change.

The process of change

The third research question addressed in my study asks, “How do young women who attend a Teen Parent Unit in Aotearoa New Zealand say they experience themselves as young mothers?” It was through sharing their stories that the focus of this study became evident – the young mothers’ experiences of becoming what they described as ‘good mums’ and what that meaning held for them. The fact that they wanted to share so much about being ‘good mums’, whether it was to resist the negative discourse, to gain self-confidence, or transform from an identity shaped by others is a main finding of my thesis.

I discovered that through engaging in self-talk, having dialogue with others and attending the Teen Parent Unit, the young mothers constructed their own definition of what a ‘good mum’ was, and they wanted others to regard them as ‘good mums’. The young mothers’ views of themselves as ‘good mums’ also stood in contrast with negative discourses about young mothers. The young mothers in my study wanted to emphasise their strengths, which assisted them in constructing positive identities of themselves as ‘good mums’. These strengths included acting with agency, having self-efficacy and displaying resilience.

Acting with agency

Visser and Dreyer (2013) argue that the social constructionist view of agency is the power of individuals to act independently and challenge the limitations of the structure placed on them. The young mothers in my study demonstrated this concept by making their own choices/decisions with the interest of their babies at the forefront (see Chapter 7). One of the

first acts of agency the young mothers demonstrated was their conscious choice to remain pregnant. Although, for all of the participants in my study, their pregnancies were unintended, they all made the decision to continue with their pregnancy. This confirmed that the various decisions that result in early motherhood for such young women are not only complex, but often involve independent reasoning and emotional considerations. My findings support those of Thursby (2007) who broadened the narrative discourse of teen motherhood by including the young mothers' voices. Her view was that adolescent mothering involved a decision-making process established within relational and social contexts. This, in turn, influences the story the young mother tells. She included the views of Bruner (2002) who has argued how a narrative or story can provide a framework on "how individuals understand and make sense of their interactions with the world" (Thursby, 2007, p. 102). Interestingly, for many of the young mothers in my study, their story of the time when they first opposed, or challenged the recommendations of others to end their pregnancies demonstrated to themselves that they acted with agency, which led to feelings of self-efficacy.

Self-efficacy

The findings in my study reveal that accepting responsibility for the outcomes of their actions, contributed to the confidence, competence and satisfaction of the participants as mothers. This, in turn, strengthened their own belief that they could develop competency in their roles as young mothers. Thursby (2007) described the difficulty participants in her study faced when conveying not only the events in their lives, but "the emotional responses to these events" (p. 103). This aligns with the view of Kirkman et al. (2001) that a coping ability can be referred to as "developing a consoling plot." In the case of the young mothers that I interviewed, they had developed a consoling plot in which they stressed the benefits that motherhood had brought to their lives. In keeping with the findings of Middleton (2011) and

Yardley (2008), the young mothers in my study had drawn on beliefs that they were indeed competent, nurturing and had advantages over older mothers. Furthermore, the young mothers spoke of their love for their baby noting that they cared about their baby as much as the rest [older first time mothers]. They also thought that they had a lot more energy than older mothers had and could relate better to their children, as advantages of being a mother at their age. These findings support those of Leese (2016) who discussed difficulties faced by the young mothers on the path to ‘becoming a mother’. The participants in her study shared many positive points in their narratives, such as the love they felt for their children. This emotion assisted the young mothers to overcome a range of challenges.

In my study the use of a consoling plot also provided a sense of self-efficacy for the young mothers in which they identified behaviours that reinforced their identities as, what they termed, ‘good mums’. This is evident in the example of the young mothers’ responses to ‘What is a good mum?’ *Someone who looks after their child feed and bathes them obviously.* Another young mother responded: *Giving your baby everything he needs.* Faced with the proposition of having their child adopted, one young mother was given the chance to demonstrate her mothering skills. Her self-efficacy was recognised by the fact that she was raising her daughter- two years later. An outcome that she was proud to share. These responses are similar to the findings of Waddoups (2015) who studied adolescents who were transitioning to motherhood. She found that young mothers when asked the question “What makes a good mother?” offered a variety of reasons, often noting physical and emotional presence.

Displaying resilience

An examination of the interviews with the young mothers revealed that in contrast to the negative images of young mothers, and as a strategy to cope with the effects of stigma, the

young mothers emphasised their strengths and constructed positive identities of themselves as a ‘good mum’. Throughout their interviews, the young mothers spoke of times or incidents when they went against what they believed society expected of young mothers. In the literature this can be interpreted as counter-narratives (Andrews, 2004), namely those that contradict the negative discourses, in this case, of a young mother. By challenging the negative discourses and investing in positive discourses the young mothers in my study were able to construct what is referred to as “good maternal selves” (McDermott & Graham, 2005, p. 71). These positive discourses were ones of resilience and hope. The word resilience “derives from the Latin, ‘resilire’, to spring back, rebound” (Wertz et al., 2011, p. 229). Most definitions would indicate that resilience provides an individual with the ability to pull through, or adjust, from a misfortune or alteration of their circumstances. When applied to people's lives the term is commonly used to mean a process of thriving despite adversity - and indeed developing strengths and self-efficacy as a result. This finding is similar to that of Shea et al. (2016) who suggest “resilience for teenage mothers... is also an ability to cope, resist or challenge discursive constructions of their lives that are meant to create shame” (p. 849). The young mothers in my study consciously and proactively constructed ways of maintaining their dignity and self-respect.

I will now turn to discuss the journey that becoming a mother involved for the young mothers in my study and what becoming a mother meant to them. Similar to the findings of other research (Fonseca; 2007; Hindin-Miller, 2012; Leese, 2016; SmithBattle, 2006; Thursby, 2007; Vincent & Thomson, 2013), the young mothers in this study viewed their pregnancies and motherhood as a chance to change their lives and choose alternate paths. McMahon (1995) refers to it as moral reform – an opportunity “to become a better person by taking on the responsibilities of motherhood” (p. 187).

The young mothers' meaning of being a 'good mum'

The young mothers, in their own style, had woven stories that were both uniquely their own and yet similar to the stories of other participants as they described what it meant to them to be a mother. As I listened to the young mothers share their experiences, they articulated how significant the change was to them and, more importantly, the meaning that it held. It seemed as though the young mothers were describing a change, which 'came to be' or was embodied in their child. This finding supports researchers exploring 'mother' identity namely (Laney et al., 2015; McMahon, 1995; Mayes et al., 2011) who concur that becoming a mother creates a significant life event as well as a profound change in being. Nevertheless, for the fact of their pregnancy, the change may not have occurred. Laney et al. (2015) argue there is no one theory that can fully encapsulate the diverse nuances of motherhood or what it means to become a mother. While I was collecting and making sense of the data, I wanted to see if there were any links among the shared experiences of the young mothers. It was during the analysis, when the themes were studied and continually modified that I thought about the data in a conceptual model form.

A conceptual model of a 'good mum'

Figure 3 provides a conceptual model representing the main aspects that the young mothers in my study experienced during their process of change or transformation towards becoming a young mother, and their meaning of a 'good mum'. The idea of a transformative narrative has been revealed in other studies (Hindin-Miller, 2012; SmithBattle, Lorenz, & Leander, 2013; Thursby, 2007). Thursby (2007) states that the transformative narrative "reflects the movement from a place of emotional despair and social alienation to a future-orientated and goal-focused life" (p. 106). For the young mothers in my study, the steps that led to their

transformation showed their courage, and can be considered one of their greatest strengths. It is that, and their aspirations of being a 'good mum', that led to the conception of this model.

Let me begin, by acknowledging that I am not suggesting that there is an 'absolute' in terms of what is a 'good mum' is and that one can specify what this means for everybody. Each person, influenced by the contexts in which they live, will have a different idea of what a 'good mum' means. The title of this thesis, Becoming a 'good mum' is credited with the idea of identity, and identity never being an absolute is always in the making. The young mothers are always in the state of becoming. It is the theory contrasted with the reality. Each young mother had a different idea of what a 'good mum' is and it changed daily. By assuming responsibility for their journey of becoming a young mother, the participants therefore displayed self-efficacy. The young mothers wanting to do well for their child highlighted their sense of self-efficacy, but it was new learning.

Although this new learning presented challenges, the young mothers displaying their agentic selves, were determined to work it out for themselves. This was evident in their responses: *I didn't want others making the decisions. I wanted to be supported in the decisions I made.*

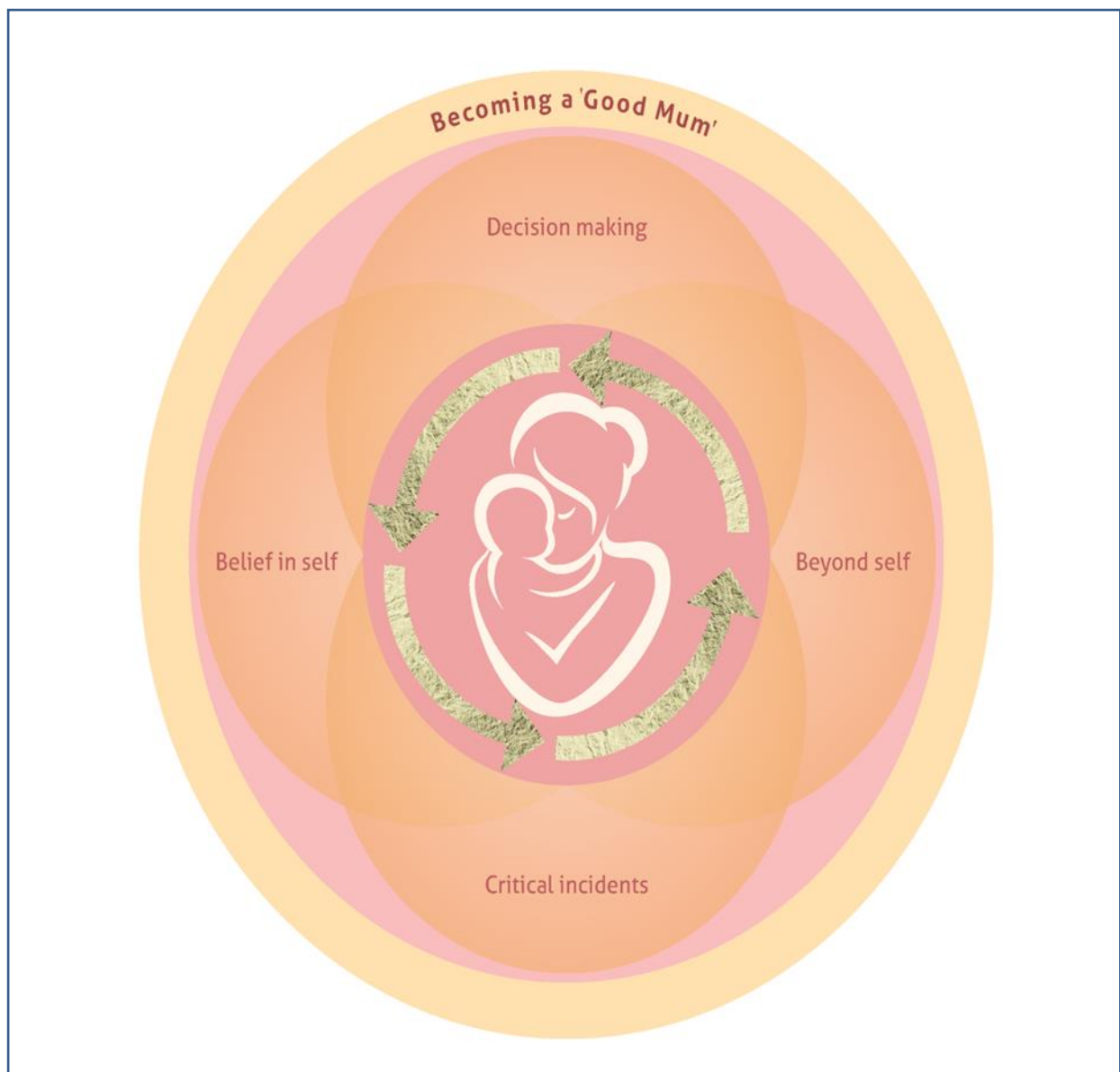


Figure 3: Conceptual model of Becoming a 'good mum'

This model is visualised as a circle. I have chosen the shape of a circle because circles have no beginnings and no end. In a sense, they are complete, but they are also always becoming. They are associated with the ideas of timelessness and movement. Some young mothers in my study spoke of feelings of completeness when their baby was born. I show this feeling of completeness by using a hub in the figure. It embodies the mother and child, the interconnectedness of each other, and how the child was the catalyst for change, a view endorsed by McMahon (1995) that “children produce mothers” (p. 3) – resulting in the young

mother's aspirations of being a 'good mum'. The pink area inside the gold circle denotes the support or the importance of 'being supported' that the young mother receives during her transition to 'becoming a 'good' mum'

Having focused on the inner components on Figure 3, I now explain the four aspects within the outer circle. I suggest that these aspects show the young mothers are capable of decision-making, acting beyond self, learning from critical incidents, and above all gaining confidence in their own capacity to mother — their belief in self. The model also takes into account the iterative process of change and meaning-making that occurs. This involves the process of doing something repeatedly, usually to improve it. The arrows depict both a protection against the negative discourses and a strength that develops in the young mother. The strength is depicted in the diagram through the thickness of the arrows signifying the young mothers' ability to make decisions, have a consideration of beyond themselves, accept critical incidents, and a belief in themselves. I now move the discussion to explain these four aspects beginning with decision-making.

Decision-making

Thursby (2007) cites a definition of decision-making proposed by Chabot and Adams "as a process of making a selection between two or more choices, often involving negotiation or bargaining with others" (p. 140). In my study, I witnessed the decision-making abilities of pregnant or young mothers on a daily basis during my time in the field. I observed how the young mothers considered whether their choices would benefit both themselves and the wellbeing of others. Zachry (2005) reported similar findings highlighting how, for some participants, having a child had transformed their reasoning process. One participant explained, "Every decision I make I have to be sure my child won't get affected in any

way...” (p. 2590). This finding was contrary to Elkind (1967) who found adolescents lacked decision-making ability. In my study, young mothers made decisions that affected their unborn children (e.g. not to drink alcohol) as well as decisions whether to co-sleep, breast feed, and provide access to fathers.

As noted earlier, one of the first decisions to be made by young mothers was whether to keep the baby. A study by Thursby (2007) of the decision-making processes of minority teenage mothers, found that the decision to become a mother at a young age was based on a number of factors. One such factor is that early pregnancy and mothering offers hope for the future. The findings of my study support those of Thursby (2007) and others (Hindin-Miller, 2012; SmithBattle, Lorenz, & Leander, 2013) where participants shared their hopes for the future. Using phrases, such as, *I was hoping my life would change* gives further support to this.

Beyond self

The young mothers, spoke of a profound moment during their pregnancies, where there was a shift from being ‘about self’ to a place of ‘beyond self’ in which they have consciously put their unborn child’s interests, or wellbeing, before their own. They talked about the negative behaviours they had engaged in, such as ‘partying’, ‘smoking’, ‘bunking’ school’, hanging out with ‘no hopers’ and then, realising that there was a ‘life inside’, made changes for the wellbeing of their unborn child. I listened to them describe the time when they first stood up to others (or themselves) in the best interest of their baby. *Um well I used to drink a lot, that sorta thing. But I changed all that.* Research reported by SmithBattle (2006) supports these findings, suggesting that many mothers from disadvantaged backgrounds will lessen risky behaviour and limit their involvement with friends from the “wrong crowd. ... [She argued

that often these young mothers will] reorganise their lives and priorities around the identity and practice of motherhood” (p. 131).

Young mothers in my study shared the physical, psychological and social/emotional changes that they experienced during their pregnancies. They spoke of times when they looked, felt, and acted differently from before. It was often at this time that they articulated the wish to change, and their (unborn) babies were often the catalyst for that change. They also shared accounts of times when they demonstrated a powerful sense of strength during times of distress. A journal entry written on 30 August 2013 highlights my first realisation of this phenomenon:

As I reflect on the transcripts, I am struck by the ability of these young girls, when faced with adversity, to ‘dig deep’ [within themselves] and put their child’s needs before their own. It is this phenomenon that I am in awe of – the ability or need to protect their ‘bub’ as their child is affectionately referred to. Time after time, I hear stories of putting their child first. I wonder if the ability to ‘mother’ is instinctive, and what does it take for these adolescent mothers to be successful? The young women describe such acts of mothering as inherent – in their words ‘they do what they need to do to take care of their baby’. These narratives have me contemplating their ideas of a ‘good or true mum’.

The mother, who described the incident where she was not coping and had contemplated suicide just before she realised she was pregnant exemplifies what prompted this writing in my journal. According to McGee, Williams, and Nada-Raja (2001), such suicidal feelings of low self-worth, or lack of self-regard, may be an indication that the person is focused on their self, and this may contribute to their difficulty in coping. Coping here is defined as “a process of adaptation to meet personal needs and to respond to the demands of the environment in order to maintain or enhance feelings of well-being” (Zeitlin & Williamson, 1994, p. 12). Therefore, it is interesting to note that for this young mother, her process of adaptation involved her realisation that someone else was relying on her. Her sense of wellbeing shifted as a result of her changing her focus from being about me to ‘beyond me’ and making

changes in her life for the benefit of her child. This view is supported by Tunks and Bellissimo (1988), who in their clinical experience, encountered individuals similar to the young mothers in my study, who “transform calamities into opportunities for growth” (p. 171). The focus on beyond self is also described by other researchers (Hindin-Miller, 2012; SmithBattle, 2000, 2006; Thursby, 2007) who show that young mothers often display the strength to overcome earlier loss, trauma and various forms of estrangement in their family and the community with the anticipation of entering into a new relationship – with their child.

Critical incidents

According to Webster and Mertova (2007), the stories that people choose to tell feature critical events, or turning points, and are the device by which the most important incidences are communicated to the listener. In my study, it was evident that the young mothers had experienced at least one critical incident that was influential in bringing about major change. (Refer to Chapter 7, p. 186 for an explanation of a *critical incident*). During the telling of such incidents, the young woman not only experienced herself in relation to others, but also her emerging identity as a ‘good mum’ was fortified. This finding supports that of Leese (2016) who found that the young mothers when given the opportunity to share their narratives, highlighted “critical incidents or turning points” (p. 527) on their individual paths to motherhood.

Belief in self

In my study, the young mothers spoke about the changes they experienced, some of which were encompassed a wide range of emotions. For instance, on the one hand they experienced feelings of confidence and resolution that they could succeed in their new role, as they ‘spread their wings’, leaving parts of their old self behind and finding a new identity – that of

being a mother. However, they also talked about the need for support and guidance when they first became mothers and I believe it is this dichotomy that creates the tension between them and those wanting to offer support. In keeping with the findings of Miller (2007), the young mothers in my study spoke of their aspirations to do well for their babies, but also the perceived opposition from others that caused them to doubt their abilities. Similarly, the mothers in Miller's study experienced guilt or self-blame when their expectations of motherhood conflicted with their lived experiences.

My participants described the dilemma of wanting to be viewed as having the ability to provide for and nurture their young children, while acknowledging that they also required guidance and reassurance that they were doing well. On the other hand, sometimes they doubted their ability to parent and felt inadequate in their ability to meet the challenges that lay ahead. Furthermore, they shared that the realities of being a mother were both challenging and satisfying- sleepless nights, providing for their baby, attending the Teen Parent Unit, and the joys of being a mother. This finding supports that of Laney et al. (2015) who offer the perspective that the practice of mothering furthers identity changes in women, because women are faced with the realities of motherhood, which are in opposition to their ideals of motherhood.

The findings in my study revealed that the young mothers were able to reject the negative discourse that they could not provide for their babies. Evidence of this was demonstrated as they engaged in caregiving behaviours, met their child's needs, and put their child's wellbeing at the forefront. The young mothers spoke of excitement and hope for the future. This latter aspect supports the findings of Leese (2016) who noted that despite the difficulties that the young mothers faced in the early days of motherhood, they began to embody their

new identity as a mother with a conviction that by having a child their future would be brighter. And Laney et al. (2015) acknowledged the possibility that other factors, influences or experiences may also contribute to women coming to know themselves as mothers.

My study has highlighted not only the complexities that the transition to motherhood had for the young mothers, but also what the value of being a ‘good mum’ held for them. Researchers who have explored the narratives of young mothers’ decisions to remain pregnant suggest that encouraging young mothers to share their experiences can offer new perspectives and promote understandings and acceptance of young motherhood (Hindin-Miller, 2012; Middleton, 2011; Shea et al., 2016; SmithBattle, 2000; Spear 2004; Thursby; 2007). An implication of their and my research is that these understandings may offer the educational, social and medical professionals the opportunity not only to understand, but also to support young mothers in significant ways.

In the field of education, application of these findings is most relevant in programmes and settings where services are extended to both mother and child. Since pregnant and mothering teens are not a homogeneous group, the findings from this study can also be extended to interventions that best meet their varying needs. For example, offering support programmes that offer a holistic, multifaceted approach where young mothers can have their needs met in context, or under one roof, may contribute to beneficial outcomes for young mothers and their children.

Furthermore, some of the young mothers in my study alluded to the fact that their sense of self-worth was lacking and that motherhood offered them the opportunity to ‘change things’ both their outlook on life and themselves. The young woman’s awareness of their own life

can be used to reformulate our own understanding of the phenomenon of early motherhood. The findings showed that indeed these young mothers had strengths that can be applied to the field of social work and other social service agencies to best meet the need for support that was highlighted in my study. Maternal-Infant mental health is another field that would benefit from the findings of this study. Young mothers in my study shared their challenges with mental health issues before and after the birth of their child. Offering interventions that are individualised and meet cultural and evolving needs of the young mothers during the critical period after birth is essential for optimal mother/infant mental health.

Alongside recognition of the multiple complexities of young mothering, I also acknowledge that this very complexity impacts on the way research can be conducted. It is to the research design and the limitations that I now focus.

Limitations of the study

The findings of this study represent the experiences of six young mothers' transitions to motherhood who attended a Teen Parent Unit. The sample of participants only included the individuals who were enrolled in the Teen Parent Unit. Therefore, young mothers who may have been attending regular high schools, or not attending school, were not included in the sample. I was aware that this might impact on my sample size, and because of this I made sure I had rich data from the participants. In accordance with the principles of qualitative research, there is not a large sample size and there is no intention for findings to be generalised to young mothers in different contexts. Such generalising of findings to all young mothers' transition to motherhood, may, I believe, hinder our understanding of the unique needs and experiences of other young mothers. That not being my intention. I have addressed this by letting the voices of the young mothers in my study be read verbatim. Nor am

purporting that there is one single meaning of motherhood, or a particular experience of the transition to motherhood. The meanings and experiences are as unique as the individuals who have shared their experiences. My study reinforces the need for professionals to honour the diversity of individuals and family structures. It highlights the importance that a flexible, individualised approach to practice has so that we may be inclusive and avoid the generalisations that may lead to stereotyping certain groups of people, thus keeping the dominant discourses alive.

Future Research

There are a number of areas of future research for which I have seven suggestions. These include: *support* for young parents; the multitude of *contexts* influencing the transition to motherhood; the *beliefs* of the meaning of motherhood; how the conceptual model of being a ‘good mum’ may be evident in *other mothers*; how students enrolled in a *Teen Parent Unit* *experience segregation*; the perspectives of *young fathers*; and the *children’s voices/perspectives*.

Firstly, I believe that a longitudinal study of young-parent-led families would offer additional insight into the short-term and long-term needs of the young parents so that we may develop legislation, policy and support services that meet the diverse needs of young parents and their children in an inclusive and altruistic manner. Secondly, a study could focus around how contextual factors, i.e., familial, sociocultural and socioeconomic, might influence the young women’s transition to motherhood, alongside the impact that these may have on her and her child/children. A third study might focus on a larger group of young mothers in order to explore their beliefs about the meaning of motherhood. A fourth study could be a replica study of my thesis research but in another setting or with a different group. This might

highlight whether the aspects of being a ‘good mum’ are evident in other mothers, regardless of age, race, socioeconomic factors or ability. A fifth suggestion could be for a study asking young mothers who attend a Teen Parent Unit their views on being segregated. It would be interesting to explore if young mothers feel any stigma or think that stigma would be identified if they were not attending a segregated educational programme. My sixth suggestion is to explore the perspectives of young fathers, as mothers are only one side of the parenting story. Finally, with all the information that we have on the outcomes for the children of young mothers, a study to explore the child’s voices/perspectives would be a valuable contribution.

Summary

In this chapter, I have attempted to frame my research study within the existing literature specifying where there is support for the current findings, where gaps or inconsistencies occur, and what new knowledge or understanding this inquiry has provided. Through their interviews, the young mothers shared the realities they faced. The analysis of the young mothers’ experiences of their journeys of motherhood highlighted that they were characterised within prevailing discourses of stigma and infantilisation, and that this portrayal has had an impact on their identities as mothers. Although it was intimidating for the young mothers to challenge the negative discourses that characterised them as young and irresponsible mothers, they indeed resisted this stereotype of the ‘bad young mum’ and embraced alternative discourses by engaging in and displaying agency, resilience and self-efficacy. The interviews with the young mothers revealed the complexities of their lives and how they challenged negative images of young mothers and created their own positive identity, what they referred to as the ‘good mum’. One way they did this was by reengaging in education to create a better future for themselves and their child.

The young mothers spoke of the need for support and how the range of services offered assisted in the transition to motherhood. They shared the value of the Teen Parent Unit as a place where they felt validated as mothers and where their needs were met in context by supportive teachers and social workers who advocated on their behalf to provide comprehensive support for the young mother and her child. The interviews with the young mothers also revealed the value that they placed on relationships they formed at the Teen Parent Unit and how these relationships influenced the young mothers' positive identities as 'good mums'.

My study extends the current literature on young motherhood by including the experiences of the young women as they transition to motherhood. I assert that my study offers understanding, and further insights, into the effects that dominant discourses have on the identities of young mothers. It also offers a conceptual model of becoming a 'good mum', which incorporates all the characteristics of a 'good mum' proposed by the young mothers who were my participants. My intent is that this study puts a new lens upon what it means to be a young mother. In so doing, I suggest a new discourse 'a rights' discourse needs to be initiated around their lived experiences as young mothers, and 'their truth', for in reality they, too, are mothers trying to do the best for their children.

The final chapter is the conclusion. It includes insights that emerged from this study and presents thoughts for reflection.

Conclusion:

Chapter 9

In the previous chapter, the findings were discussed and presented in relation to the key themes that emerged from the data. In this final chapter, I revisit the three original research questions in order to provide a succinct summary. This is followed by a metaphor that depicts the process of change that the young mothers described in what they referred to as becoming a ‘good mum’. This chapter concludes with a restatement of my contributions to the field and the recommendations for social response.

Revisiting the research questions

RQ1: How do young women who attend a Teen Parent Unit in Aotearoa New Zealand say others perceive them as young mothers?

My study has explored the everyday realities of the lives of a group of pregnant and parenting young women who were enrolled in a Teen Parent Unit in Aotearoa New Zealand. By encouraging the participants to share their experiences of being and becoming young mothers, my analysis indicated:

1) Young mothers are aware of the dominant discourses that surround them, especially those that focus on their age. The age issue places what appears to be an additional burden on mothers who are teens as they respond to society’s expectations of motherhood. I have argued that not only were the young mothers aware of the negative discourses, and at times were victims of overt and covert stigma; but also they resisted the discourses, acted with agency and stood up to defend their rights to be treated as acceptable mothers.

2) Many young women in my study believed the chance to become a mother had given them a purpose and opportunity to change their lives. Understanding the needs of young women within the cultural, economic, psycho-social contexts of their lives is the first step in promoting a view of teen pregnancy and mothering that includes their position. For young women, like those in my study who chose to remain pregnant, there are many contributing factors related to their choices of early motherhood. Much depends on their experiences, present circumstances and hopes for the future. Understanding the roots of teen pregnancy and mothering may be a more effective approach to supporting the young women who choose motherhood at a young age.

3) The reality for women who choose motherhood at a very young age (under the age of 19) is that positive outcomes are not predicted and the challenges and risks are greater for both mother and child, than for mothers who are over the age of 19. The risk factors include living in poverty, physical and mental health issues, being unemployed, and being less likely to receive qualifications. Analysis of my thesis findings has revealed that young mothers did indeed face challenges such as the high incidence of post-natal depression and living in poverty. Further, the young mothers were all receiving financial support from the government. While the negative discourse of young mothers not having the sufficient resources to support themselves and their babies may encourage a view that teens should resist the temptation to have a child, I ask the reader to refrain from making such a judgement. In my study, despite the fact that participants had limited opportunities for education and employment, their decision to become a mother seems to have been a positive choice. Furthermore, the challenges that they faced often encouraged strength and resilience in the young mothers and added to their resolve to counter the view of others that they would not be able to cope.

RQ2: What do young women attending a Teen Parent Unit deem as helpful supports?

The analysis of data showed that social, emotional and material sources of support were valued by the young mothers and assisted in their transitions to motherhood. The young mothers in my study noted how the Teen Parent Unit had provided them with opportunities to gain an education and to form meaningful relationships with other young mothers and teachers.

In terms of education, the findings of my study revealed that most of the young women had dropped out of school before their pregnancies, and had been disengaged from school for some time. The marginalisation status of these young women is something that as a nation Aotearoa New Zealand cannot afford to take lightly. Likewise, a finding documented by Fonseca (2007) also highlighted the vulnerability of female students leaving school before completing their qualifications suggesting dire implications for present and future generations. For the young mothers in my study, the ability to complete their qualifications while their child attended an on-site quality ECE centre was something they welcomed. This finding resonates with Vaithianathan et al. (2017) who found that poor outcomes for teen mothers are countered through educational opportunities designed around the unique needs of the young mothers.

In terms of forming meaningful relationships, the young mothers in my study identified relationships that they had developed with their teachers, other young mothers and their child's primary caregiver/teacher as important for shaping their positive identities as mothers. This validation promoted the young mothers' sense of self-efficacy in their roles as mothers bringing a positive effect on their identities as mothers. My study revealed that the young

mothers appreciated the effort and commitment that their child's primary caregiver/teacher provided in forging supportive relationships and supporting their positive view of themselves as mothers.

Other support, such as that received from social workers, both during and after pregnancy, was appreciated by the young mothers in my study. They referred to the personal support from this relationship with some suggesting it was a 'lifeline' in what was a difficult time. In particular, they valued the social worker's supportive, empathetic, and non-judgemental manner. The trusting relationships that some young mothers experienced from this relationship added to their sense of self-worth. The social workers' counselling techniques meant the relationships were viewed as working alongside the young mothers as possible options for the future were discussed with the young mothers. This, enabled them to make informed decisions and feel part of the decision making process about their next steps. These findings resonate with that of Dale's (2013) study in which there was similar mention of the need to develop the young mothers' coping skills and how opportunities to talk about their roles as mothers, helped them to process strategies. Specific examples of assistance from the social workers included help with benefit entitlements, housing crises, and/or obtaining emergency assistance from Work and Income New Zealand (WINZ) for clothing, food, or furniture grants. I noted that there is a need for even further support from WINZ social work services and/or Housing New Zealand than is currently possible.

Next is my third research question returning to the matter of young mother identity.

RQ3: How do young women who attend a Teen Parent Unit in Aotearoa New Zealand say they experience themselves as young mothers?

By giving the young mothers the opportunity to share aspirations of motherhood and its meaning, the analysis showed they had an evolving and transformative conception about their identity as mothers. Initially they saw themselves as ‘no hopers’ or ‘not doing much [sic] with their lives’. This changed over time, and with the support of significant others, so that they acted with increasing agency, developing self-efficacy and resilience in their resistance to the negative discourses that surrounded them to meet the needs of their children. The young mothers in my study upheld their dignity and self-worth through their strong conviction that they could come to understand and live their roles as new mothers. Their positive views of themselves and talk about what being good mums meant indicate this transformation. The context and the relationships formed in the Teen Parent Unit facilitated this transformation giving them the confidence they needed to believe they were ‘good’ mothers. This increased confidence was an unexpected finding for me. I had not anticipated the strength of conviction of each young woman’s role as a ‘good mum’. Nor her ability to articulate so clearly her ideas of hope, completeness, and what it actually meant being a mother. In the words of one young mother, *For me, I feel complete. Like I’m somebody now. Where before....I don’t know it’s just... She’s the reason I’m living.*

Given that the transformation occurred within a change of identity, I now turn to discuss the process of change that these young mothers experienced. I do so using a transformation metaphor of a butterfly to argue for timely and empathetic assistance when working with young mothers and their children. Like the butterfly, their development takes time, support and patience.

The metaphor of pūrerehua (butterfly): The process of change

I have been drawn to a metaphor for change that came from the young mothers in my study. During my time in the field, I noticed that many of the young women would draw the names of their child on their notebooks and on themselves. Some young mothers even had their child's name tattooed on their bodies. These symbols signify their declarations of love, lifelong bonds, and connections. One of these symbols was of a butterfly. This prompted me to think about butterflies and how they, like humans, differed in their shape, colour and size. Furthermore, the appropriateness of this transformational metaphor emanating from one young mother in my study, who had used the word pūrerehua to describe the first time her baby had moved inside of her. The word pūrerehua, the butterfly, is indeed an international symbol for transformation.

Using this metaphor, I now include a table consisting of affirmations and questions to take the butterfly metaphor even further using its Māori name 'pūrerehua' to depict the stages in its development. In developing this metaphor and its associated questions, I have drawn on the list of questions offered by Podmore, May and Carr (2001), to help ECE teachers put the inquiries of children at the forefront of their work. Although their focus was on learning and assessment, the idea of using affirmations and posing questions to highlight a process of change resonates with the journeys of the young mothers in my study. As I listened to the young women speak in defence of their choice to become a mother at a young age, it was their conviction that highlighted the importance of considering the young mother's voice in their transition to becoming a mother.

I have included three reflective affirmations which were voiced by the young women during this process of change. Associated with each affirmation is an inquiring question. These questions are based on theoretical work and research on identity, and human growth and development (Bronfenbrenner, 1979; Gee, 2011; Kehily, 2007; Rodgers & Scott, 2008). They are included to denote what my participants described as the process of change involved with becoming a mother.

Figure 4 shows these affirmations and inquiring questions. The first column is the affirmation statement. The second column is the inquiring questions and the third column is an illustration of a pūrerehua, which represents the young mother at a particular time in her change or transformation.




Metaphor/affirmation	Questions	Pūrerehua
<p>Pū – (essence/base)</p> <p>This is who I am.</p>	<p>Do you see me?</p> <p>Will you understand me, my hopes, and my needs?</p> <p>Do you appreciate my abilities? Where I have come from and where I plan to go?</p>	
<p>Rere – (soar/to fly)</p> <p>This is who I am becoming.</p>	<p>Will you support me in my efforts to change, to grow, and to become the mother I wish to be?</p>	
<p>Hua – (to produce/the result/blossom)</p> <p>This is who I have become at this time and place.</p>	<p>How do you recognise my efforts?</p> <p>How do you encourage and acknowledge my efforts to nurture my child and be the best mother I can be?</p>	

Figure 4: Pūrerehua metaphor: Process of change

These statements and questions serve as a reminder of the importance that young mothers put on ‘being seen’ as young, capable mothers and, as a result, being supported in ways that meet

their individual needs or rights. As I come to the end of this thesis, I reflect on the young women's drawings of butterflies, the international symbol of transformation. I recall the transformations these young women recounted to me, the researcher, as I asked them to remember and make sense of their experiences. Throughout my interactions with them was a prevailing sense of hope even though their journeys were at times difficult. Author sources writing about hope note both its content and function (Bloch, 1986).

Hannigan (2010) highlights Bloch's idea that "hope is not only content (what is hoped for) but also function (how hope goes) experienced repeatedly in the open process of becoming *other* [emphasis added], of becoming better" (p. 306). The young mothers in my thesis all hoped for something better, for change. Just as the butterfly is the international symbol of change, or transformation, in its transformation is a message of hope. It is the function of hope that offers the opportunity of change – of becoming better. I end this section with the words of one young mother who expressed the view of many young mothers on the birth of their child, *You know, like, when they say, 'With life, there's hope'*. I now turn to contend the contribution of my study to the wider research and scholarly writing about young mothers.

Contributions to the field of study

Some participants in my study were challenged by the stigmatisation they experienced being young mothers. My study provides evidence that some young mothers are living with economic hardship. The voices of these young mothers need to be heard, and the social justice issue of their positions of hardship need to be addressed. I have argued throughout the thesis that the current system could do more to cater for young mothers' varied and often complex needs. This is particularly important given that young mothers who are in their teens are overrepresented among the poor and often regarded as scapegoats of mistrust and blame.

Such a view contributes to the general public's ideas about poverty and this view is reflected in the way society responds to the poor and in particular, poor women (Broussard et al., 2012).

Homelessness is a further social justice issue concerning young mothers. Gasior et al. (2017) argue that youth become homeless because of challenges they experience within their families. While this was not the only reason for homelessness for the young mothers in my study, many did speak of trauma (rows with family members and/or violence with partners) that contributed to the challenges of homelessness during their pregnancy and after the birth of their babies. They told me that they appreciated being able to talk to someone (me) about this as their need was for someone to understand *their lives* and what they were going through. This finding is similar to a study by Watson and Cuervo (2017) who interviewed Bianca, a young mother who was experiencing homelessness. They reported how Bianca had spoken about "the importance of services not adhering to stigmatised notions of homeless people and to recognise everyone's individual circumstances" (p. 469).

A further point, with regard to hardships that the young mothers faced, was the impact of shame surrounding poverty. Young mothers in my study reported how having to ask for financial assistance to meet their weekly expenses had left them feeling 'stink'. One of these young mothers expressed her discomfort with the comment *I dread asking to borrow money. But sometimes I have no choice.* A study by Jo (2013) has shown shame to have a close association with one's self-image and identity and that marginalised groups within society, such as young mothers "are more likely to be exposed to shame in general" (p. 523). Furthermore, she believes that without clearly addressing the emotional side of poverty, we cannot fully understand the everyday impact of poverty on individuals' lives.

These findings enable me to make specific recommendations related to social justice matters.

Recommendations

1. Provide more support from WINZ, social work services and/or Housing NZ

It is apparent from my study that some young women who are pregnant or mothering require more support from WINZ, social work services and/or Housing New Zealand than they currently receive. My study highlighted that it is imperative that policy makers shift from prioritising “self-capitalism and individualism” (Watson & Cuervo, 2017, p. 472) to a collective responsibility for structural disadvantage and a failing social system. This in turn will offer shifts in understanding the needs of young mothers who are experiencing poverty and/or homelessness. Responses to both poverty and homelessness requires a dual approach of providing material support and social support. I propose that Housing New Zealand considers the view of Watson and Cuervo (2017) that “stable housing is a human right” (p. 463) so that services can be provided to meet the young mothers’ individual needs in context.

2. Continue and expand the provision of Teen Parent Units

Indeed, the Teen Parent Unit is one environment that buffers against the dominant neoliberal discourses that stigmatise young mothers and more importantly those who are experiencing poverty and homelessness. Within this non-judgemental environment of manaakitanga (a bicultural value based on kindness and relationships) young mothers are able to return to school, share experiences of being a young mother with peers, and receive unconditional support. My study provides strong evidence that the availability of access to Teen Parent Units is pivotal for young mothers who are coping within this failing system. My study has demonstrated the ways in which association with a Teen Parent Unit makes it possible for

young women to receive practical and social support necessary to develop their confidence as mothers.

3. Have a shift in mind set

An important question that has emerged from the findings related to whether society should be putting energy into assisting young mothers. I argue the answer is a resounding ‘Yes’. The young mothers in my study and those associated with them (their family, health and education personnel, social services and government policymakers) all believe that teen mothering does matter, and continues to be an important social concern. A related question that came up during my research was– How best do we support young mothers as they transition to motherhood? The important issue here is that the answer to this depends on the context from which the question is asked. If we think about these young women as standing up and being resilient and ‘making their way’ then we stop worrying about the cost to society and the drive to eradicate teen pregnancy and focus on ways to encourage their self-development. When we accept that there will always be young mothers, we can shift our focus to supporting the young woman as a mother. The implications for society are evident, when one allows these young women to determine their needs, their hopes and their challenges, only then is the potential realised for more appropriate policies to be written.

4. Treat young (teen) mothers as mothers without stigmas of age and ensure they receive adequate supports

As I listened to the young mothers share their challenges of managing their lives in the conditions of poverty, I witnessed the contradiction between Aotearoa New Zealand promoting the concept of children as, ‘the nation’s greatest taonga (treasure)’ while at the same time, having one of the highest rates of child poverty (Boston, 2014; Johnson, 2017;

2018). While conducting this study, I was dismayed at the level of poverty experienced by some of the young mothers and their young children. This is why I am able to state with some conviction the need for Government policy and legislation to provide adequate support for young parents. This should include a benefit that meets a minimum standard of living, adequate housing and equal opportunities for quality education and care for their young children. If policymakers acknowledge that this is an issue requiring government response, I believe steps will then follow to address this concern. All children and families (regardless of their diversity) have a right to be supported to find their own *tūrangawaewae* – a place to stand. By doing so, we will enable them to live, grow and be supported to thrive in a nation that truly values children, as well as mothers/motherhood.

As evidenced in my study, young mother/parent-led families are living and participating in all communities. Our challenge in promoting social justice is to become more fully informed and inclusive in attitude, in our communities and society, so we may be truly accepting of young mothers and their children. Equally challenging is the invitation to young mothers to acknowledge themselves as *tāngata whaikaha*, ‘people in search of, or pursuing strength’ to acknowledge their authentic selves and their ability to be effective parents, regardless of their age or other circumstances.

Summary

By taking a social constructionist approach to understand the stories that the young women shared, I have suggested that their views can be conceptualised in the form of a transformation (metaphor). The young mothers articulated their desire to change in positive ways, and to be responsible, ‘good mums’ for themselves and their children- a true strength of each young mother. Using such a metaphor may allow people to gain a positive image of

these young women; one that stands in contrast to many of the negative discourses that they face each day. By considering the voices of six young mothers my research highlights that teenage pregnancy and mothering is an ongoing issue that policy makers and society (in general) needs to keep working on. My study has shown the importance of attending to this phase in a young women's life.

Through this thesis, an account of the life of a young mother has developed—their challenges and strengths, their identity formation and as a part of their identity formation, the young mothers' resistance to discourses. I believe that by taking on board that learning, we can influence the lives of young mothers and their children in positive ways. There are several implications from my study for practice, policy, for deeper questions, and for understanding social justice issues.

Coda

In this study, I had the privilege of listening to a group of young mothers, who were sixteen years or younger at the time of their pregnancy, as they shared their experiences of their transition to motherhood. Using qualitative methods, I gathered information as they spoke candidly about their experiences of 'becoming a mum' and how that shaped their fluid identities. It is my hope that as a result, this research has made a valuable contribution to the research on young motherhood by providing an opportunity to understand the meaning of becoming a mother through the voices of these very young women. I suggest we recast the gaze from viewing the young mother in the negative dominant discourses that surround the young mother, and view her as a young woman with strengths, rather than deficits. I believe that the time has come for us to stop labelling these young women as 'teen' mothers and to start viewing them as young mothers. Mothers, who, like most mothers, have aspirations for

themselves and their children. This may allow us to appreciate the complexities involving young motherhood, allowing us to respond to their rights, leading to better outcomes for them all. This is a thesis of self-efficacy that gives license to the participants to embark on their journey of the transition to motherhood, to be supported and encouraged to ‘work it out’ by themselves in order to develop the strength they need to be a ‘good mum’. As articulated by one young mother, *I had a lot of people look down on me I think. But, you know ... I knew I was gonna be a good mum. Look at me now, I’m definitely a stronger person and I guess it’s because I’m his mum.*

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Appendices

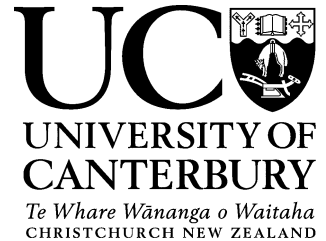
Appendix A: Information letter

College of Education

Donna Williamson-Garner (PhD Candidate)



donna.williamson-garner@canterbury.ac.nz



18 August 2011

RESEARCH STUDY EXPLORING THE NEEDS OF TEEN MOTHERS

Information Letter for School Management*

My name is Donna Williamson-Garner and I am a doctoral student in the College of Education at the University of Canterbury. I am conducting a study on the needs and hopes of teen mothers. The purpose of my research is to gain understanding of the perceived needs of the teen mother so those who work closely with teen mums are better able to meet those needs and offer services that contribute to positive outcomes for teen parents and their very young. I am interested in the view points of those who are the most affected, such as the teen mothers themselves and the professional staff who interact with the teen mothers and their young children on a regular basis.

I would like to request your approval to conduct interviews with students enrolled in the Teen Parent Unit and your staff that provide direct services for teenage mothers and their very young children. This research study has been approved by the Educational Research Human Ethics Committee of the University of Canterbury. The interview will be arranged at the participant's convenience and at a time that minimises disruption of their daily routines and responsibilities. The interview will last between an hour and an hour and a half and be conducted in a location that is chosen by the participant, e.g. school, researcher's office, or other mutually acceptable venue.


Staff and student participation is voluntary and participants may withdraw from the study at any time without giving a reason and with no adverse consequences. I will protect their privacy. Their real name will never be used, and every effort will be made to be sure that no identifying details are made available to anyone inside or outside the school. The school, children, parents, and staff will not be identified in the research project. The research report will be shared with participants. This study is for research purposes only.

I hope you will approve my request as the participant's contribution is important. Their views and experiences will be useful in developing community programmes for teen mothers in Aotearoa/New Zealand and perhaps in other parts of the world.

My analysis of the interviews will help me in the preparation of my thesis to fulfil the requirements of a PhD in Education.

Please indicate approval for me to undertake this project by signing the attached consent form. Thank you for your assistance. Please keep this information sheet for your reference.

Alternatively, if you have any questions about this project, please contact me:

Donna Williamson-Garner College of Education University of Canterbury Private Bag 4800 Christchurch 8041 Email: donna.williamson-garner@canterbury.ac.nz 
--

Donna Williamson-Garner
University of Canterbury College of Education

If you have any complaints about the project, you may contact the Chair of the University of Canterbury, Educational Research Human Ethics Committee; see contact details below.

The Chair,
Educational Research Human Ethics Committee
University of Canterbury
Private bag 4800
Christchurch

human-ethics@canterbury.ac.nz

Appendix B: Consent form

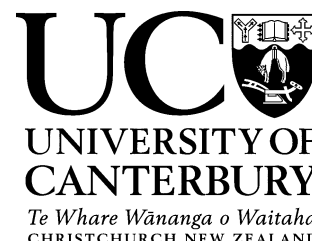
College of Education

Donna Williamson-Garner (PhD Candidate)



donna.williamson-garner@canterbury.ac.nz

18 August 2011



RESEARCH PROJECT TO EXPLORE THE NEEDS OF TEEN MOTHERS

School Approval and Consent Form *

- I have read the information provided about this project. I understand this information and know that I can get further information if needed.
- I understand that participation in this project is voluntary and that participants can withdraw from the project at any time without giving a reason and with no adverse consequences.
- I understand that any information or opinions participants provide will be kept confidential to the researcher and that any published or reported results will not identify them.
- I understand to ensure accuracy, the interview will be audio taped. I have read the information letter and understand all data collected for this study will be kept in locked and secure facilities and will be destroyed after five years.
- I understand that I am able to receive a report on the findings of the study.
- I understand that If I require more information about this project from the researcher, Donna Williamson-Garner and if I have any questions about the research project, I may contact, at any time [REDACTED]
- I understand I may contact the Chair, Educational Research Human Ethics Committee, if I have any complaints.

Name (please print): _____ Date: _____

Signature: _____

Name of School: _____

Position: _____

Please return this form in the enclosed self-addressed envelope or email your approval to donna.williamson-garner@canterbury.ac.nz

If you have any complaints about the project, you may contact the Chair of the University of Canterbury, Educational Research Human Ethics Committee; see contact details below.

The Chair,
Educational Research Human Ethics Committee
University of Canterbury
Private bag 4800
Christchurch

human-ethics@canterbury.ac.nz

*Additional Information Letters were sent to:

- Manager of the early childhood centre
- Pregnant or parenting teens enrolled in the Teen Parent Unit
- Teachers, i.e., teachers in both the early childhood centre and Teen Parent Unit

*Additional Consent Forms were sent to:

- Manager of the early childhood centre
- Pregnant or parenting teen enrolled in the Teen Parent Unit
- Teachers, i.e., teachers in both the early childhood centre and Teen Parent Unit

Appendix C: Ethics approval



HUMAN ETHICS COMMITTEE

Secretary, Lynda Griffioen
Email: human-ethics@canterbury.ac.nz

Ref: 2011/26/ERHEC

9 September 2011

Donna Williamson-Gamer
School of Maori, Social & Cultural Studies in Education
College of Education
UNIVERSITY OF CANTERBURY

Dear Donna

Thank you for providing the revised documents in support of your application to the Educational Research Human Ethics Committee. I am very pleased to inform you that your research proposal "What are the needs of teen mothers as they transition to motherhood?" has been granted ethical approval.

Please note that should circumstances relevant to this current application change you are required to reapply for ethical approval.

If you have any questions regarding this approval please let me know.

We wish you well for your research.

Yours sincerely

pp

A handwritten signature in black ink, appearing to read "N. Surtees".

Nicola Surtees
Chair
Educational Research Human Ethics Committee

"Please note that Ethical Approval and/or Clearance relates only to the ethical elements of the relationship between the researcher, research participants and other stakeholders. The granting of approval or clearance by the Ethical Clearance Committee should not be interpreted as comment on the methodology, legality, value or any other matters relating to this research."

Appendix D: Interview questions/guide Pilot Interview

Question Guide for Interviews

Will you share with me your life story?

The following topics will be addressed during the interview sessions. The questions will not be posed in any particular order and most importantly are contingent upon each participant's narrative.

Topics Areas/ Questions

1. History

- a. Developmental history
- b. Earliest memory
- c. Medical history
- d. Family history
- e. Favourite people
- f. Any significant negative experience(s)
- g. Grief and trauma

2. Relationships

- a. Mother-daughter
- b. Mother figure-daughter
- c. Boyfriend/father of child-teen mum
- d. Father-daughter
- e. Father figure daughter
- f. Other significant relationships

3. Educational school experiences

- a. Primary
- b. Middle
- c. High school
- d. Vocational

4. Sexual history

- a. Earliest sexual experience
- b. Number of partners
- c. Sex in relationships

5. Contraception

- a. Knowledge of
- b. Use of

6. Why did you decide to get pregnant?

- a. To stay pregnant
- b. To parent a child

7. What do you think that you needed the most when you first became a mother?

- a. Who or what was your greatest support in the first year of your baby's life?
- b. What has been the hardest?
- c. What would you need to make life easier for you and your baby?
- d. During the first year?

8. What is the biggest hope for you?

- a. As a mother?
- b. For your baby?
- c. Can you share with me your fondest moment of being a mother so far (during your baby's first year)?

9. How did you think/feel about yourself before the baby was born?

10. What has your baby given to you?

- a. What were you hoping for?
- b. What were you hoping to change?
- c. How has the baby changed things?

11. How do feel about your relationship with your baby?

- a. How do you think your baby feels about you?
- b. What is the most important thing to you about the relationship that you have with your baby?

12. How is motherhood valued in your community?

- a. What do you believe people think about teen mums?
- b. How did people in your family/community react when you were pregnant/after you had your baby?
- c. How did people treat you once you became a mother?

13. Tell me about your relationship with ____ primary caregiver at the centre.

- a. How do you describe it?
- b. What do you value the most about that relationship?
- c. Is there anything that having your child at kindy taught you?
- d. What was that?

14. Is there anything else that you would like people to know about teen mums and their babies?

Appendix E: Demographic information form

Research Project to explore the needs of teen mothers

Demographic Information

Name: _____

Address: _____

DOB: _____

Child's name: _____

Child's DOB: _____

Child's name: _____

Child's DOB _____

Which ethnic group do you belong to?

New Zealand European

Māori

Samoan

Cook Island Maori

Tongan

Niuean

Chinese

Indian

other such as _____

Are you descended from a Māori (that is, did you have a Māori birth parent, grandparent or great-grandparent, etc)?

Y N

Do you know the name(s) of your iwi (tribe or tribes)_____

Is your child descended from a Māori?

Y N

Do you know the name(s) of their iwi (tribe or tribes)_____

Income

Source:_____

wages, salary, commissions,
bonuses, etc, paid by my employer
self-employment, or business I own
and work in
interest, dividends, rent, other
investments
regular payments from ACC or a
private work accident insurer
Unemployment Benefit
Sickness Benefit
Domestic Purposes Benefit
Invalid's Benefit
Student Allowance
other government benefits, government
income support payments, war
pensions, or paid parental leave
other sources of income, counting
support payments from people who do
not live in my household
or no source of income during that time

From all the sources of income you marked in question what was the total you received last year (until 31 March 2012)

\$1 – \$5,000
\$5,001 – \$10,000
\$10,001 – \$15,000
\$15,001 – \$20,000
\$20,001 – \$25,000
\$25,001 – \$30,000
\$30,001 – \$35,000
\$35,001 – \$40,000
\$40,001 – \$50,000
\$50,001 – \$60,000
\$60,001 – \$70,000
\$70,001 – \$100,000
\$100,001 – \$150,000
\$150,001

Code: Folder____ File_____

Appendix F: Revised interview guide

Interview Guide

The following topics will be addressed during the interview sessions. The questions will not be posed in any particular order and most importantly are contingent upon each participant's narrative.

Topic Areas/Questions

The story I want to look at is what is useful for teen mums.

1. Where would you like to begin?

- a. What was important to you?

Some people when they look back over their life find that significant events stand out. I wonder if you could talk to me about some of those for you – what, when, who, why?

Offer timeline: *You are here*

Time line.....

Looking at your life at this moment-

- a. What are some significant things that have happened to you?
- b. So how did you cope with things in your past that weren't so good?

2. When did you become pregnant?

- a. Can you tell me about that?

- 3. Many people your age decide not to stay pregnant.**
 - a. I am wondering how you come you to choose to stay pregnant.

- 4. When was the first moment you felt “I am a mum?”**
 - a. When was the first time you felt your baby move? Can you tell me about that?
 - b. Did you have a word for this moment?
 - What was it like having your first scan?
 - What was it like when your baby was first born – what was it like? Can you tell me about that?

- 5. What was it like when you left the hospital?**
 - a. Can you tell me about the first day when you left the hospital – what was it like?
 - b. Did you have follow up or support?
 - c. By whom?
 - d. How would you describe it?

- 6. What it is like being a mum at your age?**

- 7. What does it mean to be a mum?**

- 8. What do you think you needed the most when you first became a mother?**
 - a. Who or what was your greatest support in the first year of your baby’s life?
 - b. What has been the hardest?
 - c. What would you need to make your life easier for you and your baby?
 - d. During the first year?

- 9. What is the biggest hope for yourself?**
 - a. As a mother?
 - b. For your baby?
 - c. Can you share with me your fondest moment of being a mother so far (during your baby’s first year)?

- 10. How did you think/feel about yourself before the baby was born?**

11. What has your baby given to you?

- a. What were you hoping for?
- b. What were you hoping to change?
- c. How has the baby changed things?

12. How do you feel about your relationship with your baby?

- a. How do you think your baby feels about you?
- b. What is the most important thing to you about the relationship you have with your baby?
- c. If you were to write a letter to your baby today that s/he would open on his/her 13th birthday what would it say?

13. How is motherhood valued in your community?

- a. What do you believe people think about teen mums?
- b. How did people in your family/community react when you were pregnant/after you had your baby?
- c. How did people treat you once you became a mother?

14. Tell me about your relationship with _____ primary caregiver at kindy?

- a. How would you describe it?
- b. What do you value most about that relationship?
Is there anything that having your child at kindy taught you?
- c. What was that?

15. How do you think people experience you as a mum?

- a. Who is a person whose opinion you value?
- b. What would they say about you as a mum?

16. Is there anything else that you would like people to know about teen mums and their babies?

Appendix G: Transcript coded data

Raw data	Codes	Emerging themes	
<p>Mum she said, she'd give me a month of trying and if I didn't succeed or I wasn't good enough or if she thought I was unfit to be a mother at this age then she would take over and I'd let her adopt her.</p> <p>Um in some ways I took on that she thought I wouldn't be a good parent because I was so young. But my child has had health problems and that and I think I've done a good job and I've gone to all her appointments and stuff. So and I have definitely have put myself second. Um and when she goes to bed, it's my time to turn on the radio and (smiles) .And turn it on.</p>	<p>Given ultimatum by own mum</p> <p>Intra family-mother's influence</p> <p>Option/adoption</p> <p>Buying into discourse???</p> <p>Set backs</p> <p>'Stepping up'/responsibility</p> <p>I've done a good job</p> <p>Self-sacrifice</p> <p>Life as a teen mum'-being a teen</p>	<p>Trust : being a good mum</p> <p>Family relationships</p> <p>Self-identity as a good mum</p> <p>Becoming a mum</p>	<p><i>It seems like mum is taking on negative discourse - 'you're too young'</i></p> <p><i>Hey I'm identifying as a good mum!</i></p>

Appendix H: Timeline

Name:

Major Events in My Life Time

1 year

10 years

Appendix I: A positional reflexion

The synonym for reflexion is a mirror image. I use this term to highlight the parallel story of change for me, the researcher, as I reflected on this thesis journey and the impact the young women's stories had on me. I include this positional reflexion as a progression of this positionality through the writing of this thesis. I add it here, as an appendix, so that I do not privilege my position over that of the young mothers. It may be that it contains elements or comments of perceived limitations, but it is offered to make transparent some of the interpretations throughout the findings chapters.

Impact of the stories on the researcher

Unukia te pō, te pō whiri mārama
Tomokia te aō, te aō whatu tangata
Tātai ki runga, tātai ki raro, tātai aho rau
Haumi e, hui, tāiki e!

From confusion comes understanding
From understanding comes unity
We are interwoven, we are intergenerational
Together as one! (CORE Education, 2017)

The above whakataukī was crafted especially for Core Education for the launch of the latest version of the early childhood curriculum document, *Te Whāriki* (MoE, 2017). This metaphor resonates with my research journey. I look back on my research journey remembering the times I was caught up with confusion that often overwhelmed me. As I recall, in untangling the confusions, I developed an understanding of mutual respect. That respect was for the young women, (the participants in my study) and the staff of both settings, which I felt, was returned. This in turn led me to the realisation of the interconnectedness of us all.

In essence my study has been about change or transformation for a group of young women. Two kinds of narrative have been included. The first is of the young women who shared their experiences of being a young mother with me. The second is the narrative of my research journey. In the true style of narrative research (Clandinin & Connelly, 2000, 2013), these tales were co-constructed and developed concurrently. For the young women in my study, the narratives highlight the transition and changes they experienced in becoming a young mother. For me, I became an ‘enlightened witness’ (Miller, 1988) to their experiences and narratives, and gradually (and profoundly), became aware of how the meaning-making was influenced by my own history, beliefs, roles and views, and how these views were also influenced by the stories that the young women told. It was this *reciprocity*, or exchange, that was the vehicle for my change. Clandinin (2013) offers Lugones’ view that “where being in relation allows us to understand what it is to be an ‘other’ and what it is to be ourselves in an ‘other’s’ eyes” (p. 23). Coming from that place of understanding, it was easy to appreciate the relational aspect of narrative offered by Clandinin (2013) who believes that it is through inquiry that we, as researchers, are able to strive for ways of enriching and transforming the experience for ourselves as well as others. It was the collaboration between me and the participants that began in the earliest days of my observing, listening and living alongside them in their educational context that was the beginning of my shift in perspective. The shift was from a researcher whose world view was seen through a monocular developmentalist lens, to one who used a sociocultural lens. It was this that led me to explore social constructionism as a theoretical framework for this study. I offer the reader my narrative, in an abridged form, as it unfolded during the research process. I have also made apparent, throughout this positional reflexion, the shift that emerged from the reciprocal or collaborative landscape of what counts as narrative inquiry.

A shift in perspective through research

In Chapter 1, I explained how I became interested in the topic of teen mothers. After selecting my preference for narrative inquiry, I was guided by Clandinin's (2013) three possible justifications for undertaking narrative research. These were a personal interest, practical benefit to others, and adding to theory. It was the latter part of this statement that resonated with me. I was expecting through my research to add to "theoretical understanding or make a situation more socially just" (Clandinin, 2013, p. 35). Although my intentions were noble, my means were not.

I was undertaking a research study in order to seek qualitative knowledge which, according to Richardson requires "... finding out about people's lives from the people themselves—listening to how people experience their lives and frame their worlds, working inductively, rather than deductively" (Taylor et al., 2016, p. 25). In the thesis, I described the 'tensions' that I was experiencing as a result of the expectations I had for my thesis. I described how these tensions were influenced by my developmentalist view, which was somewhat in opposition to the sociocultural context of how individuals learn and develop within the research setting. My strong developmentalist approach did not serve me, or others, well in this space, or with this community of learners. I felt as though I was caught up in confusion while trying to make sense of what I was experiencing, and how best to conduct my research. Now in this positional reflexion, I will illuminate how these tensions led me on the road to a self-proclaimed 'recovering developmentalist.'

The sociocultural context of education within Aotearoa New Zealand: North meets South

The fact that I was conducting educational research in a bicultural country was something that I did not consider when I first enrolled in the PhD programme in Aotearoa New Zealand. This, too, added a subtle variance to the growing tensions. I found myself in an environment that required me to be open to new ways of knowing and, more importantly, new ways of doing. During my time in the field and as I worked closely with the teen mothers enrolled in the Teen Parent Unit and the teachers of the ECE centre, I was moved by the overarching philosophy that underpinned both the ECE centre and the Teen Parent Unit – one that was based on the sociocultural context of the participants and their children who attended the early childhood centre. At first I could not identify it, but I could *sense* it. I was looking for aspects of the Resources for Infant Educators (RIE) philosophy in my observations between the teachers and the tamariki. Indeed, it was evident that the key principles of the RIE approach were there. But, there was something else; something more transcendent that I believed was an integral part of the philosophy of the early childhood centre. It was during this time, that I came across the writings of Dr. Rose Rangimārie Turuki Pere (Pere, 1991).

The all seeing eye of the heart

Pere's views on the developing child in te ao Māori provided me with an insight regarding how the child is valued in the Māori culture – a taonga, a treasure '*Ahakoā he iti he Pounamu– Small yet cherished*'. I was captivated by the metaphor of Te Wheke (the octopus) and how each tentacle represented a dimension to sustain the child's own being (Pere, 1991). Pere's holistic view of human development reflecting the value of every human being was

inspirational for me, and was evident in the holistic way the teachers of the early childhood centre wove together the principles of the RIE philosophy with the Māori world view of human development as described by Pere. While I was conducting my study, I was completing the requirements to become a registered teacher in New Zealand. Through the registration process, I became aware of the cultural competencies that were expected of teachers in New Zealand. It was these competencies that also added to my ‘other way of knowing’. However, it was the opportunity to conduct observations in the research setting that allowed me to sharpen my lens of the sociocultural context of education in Aotearoa New Zealand.

Cultural competencies

In 2011, the Ministry of Education published *Tātaiako: Cultural competencies for teachers of Māori learners* (MoE, 2011). *Tātaiako* is about teachers’ relationships and engagement with Māori learners and with their whānau. It is an important resource for teachers, and covers five important competencies that are based on knowing, respecting and working with Māori learners and their whānau – ako, wānanga, tangata whenauatanga, manaakitanga, and whanaungatanga (MoE, 2011, p. 5). It was my work as a lecturer that helped to develop my awareness of the bicultural context of the research setting. As I became familiar with these cultural competencies for teachers, I was able to look at my observations of the relationships and interactions between kaiako/teacher and tamaiti/child in the research setting through a different lens (Grey & Clark, 2010, 2013; Lee, Carr, Soutar, & Mitchell, 2013). The ECE centre, which was adjacent to the Teen Parent Unit, endorsed the child-centred pedagogy of the RIE/Pikler approach, which was strengthened by the Māori concept of ‘ako’, where knowledge is co-constructed and the power relationship is equal (Grey & Clark, 2010, 2013). In this context, my weaving became easier. Although the centre established their philosophy

on the RIE/Pikler approach, it was underpinned by the sociocultural context of ECE within Aotearoa New Zealand. Therefore, embedded with the Māori values of manaakitanga – a type of caring that is reciprocal and based on kindness and whanaungatanga/relationships, where a sense of community is created based on love and support (MacFarlane et al., 2007) took precedence in the nature of this setting.

It was through the process of acquiring this new-found knowledge, and the writings of Dressman (2008), who discusses the “comparative application of multiple social theories” (p. 99), that I was able to explore other theories and models of human growth and development that reflect the salience and influence of the cultural and sociocultural contexts during the life span (Bronfenbrenner, 1977, Durie, 1998; Pere, 1991). It was these contexts that were the backdrop for my shift. It was the same contexts, along with the reciprocity of the research process, which resulted in my change. I may have gone into this study with the idea of ‘giving something’ to these young women, the opportunity to gain a sense of empowerment or agency in telling their stories, or perhaps to bestow some information or knowledge. However, as my journey unfolded, I realised that I may have been the one who received the most out of it. As I reflect on a journal entry that was written after I completed the analysis, I now see it as incomplete.

Journal entry 17 June 2014

I now realise that through the process of conducting my research, I discovered what was *meaningful to the teen mums*. Through their narratives, they shared their experiences of change or transformation. A transformation so profound, that I am humbled to be able to share it in written form.

What I now realise is missing from the journal entry, that was not in my consciousness at the time, was the shift in perspective that happened for me. Not that I wish to privilege my

experience, on the contrary, I only wish to show appreciation for all those who were a part of mine. For my change has and will continue to serve me well.